

TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: MT
APPLICATION YEAR: 2010

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FORM 2
MCH BUDGET DETAILS FOR FY 2010

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: MT

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 2,435,138

A.Preventive and primary care for children:

\$ 809,683 (33.25%)

B.Children with special health care needs:

\$ 838,666 (34.44%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 219,162 (9%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 2,135,677

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 3,590,998

5. OTHER FUNDS (Item 15e of SF 424)

\$ 0

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 1,114,333

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 485,480

\$ 6,841,008

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 9,276,146

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 94,644

c. CISS: \$ 105,000

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 130,000

g. WIC: \$ 15,035,980

h. AIDS: \$ 1,367,835

i. CDC: \$ 0

j. Education: \$ 0

k. Other: \$ 0

Immunization \$ 715,645

PHBG FP \$ 140,434

Title X FP \$ 2,406,547

UNHBS \$ 299,000

WIC Farmers Market \$ 57,353

WIC peer counseling \$ 53,921

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 20,406,359

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 29,682,505

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

1. **Section Number:** Form2_Main
Field Name: AIDS
Row Name: Other Federal Funds - AIDS
Column Name:
Year: 2010
Field Note:
For FY 2009 the AIDS balance also included the Immunization grant. This year these grants have been separated. This explains the difference between the two years.
2. **Section Number:** Form2_Main
Field Name: OtherFedFundsOtherFund
Row Name: Other Federal Funds - Other Funds
Column Name:
Year: 2010
Field Note:
UNHBS includes the EHDI grant and extra funding for Newborn Hearing.

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: MT

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 2,560,004	\$ 2,547,932	\$ 2,547,932	\$ 2,462,222	\$ 2,462,222	\$ 2,462,574
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 1,130,108	\$ 1,138,977	\$ 1,085,637	\$ 1,417,903	\$ 1,440,467	\$ 1,416,911
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 2,800,000	\$ 3,046,191	\$ 3,598,977	\$ 3,500,746	\$ 3,165,000	\$ 3,165,000
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 743,096	\$ 791,235	\$ 784,410	\$ 743,094	\$ 802,600
7. Subtotal <i>(Line8, Form 2)</i>	\$ 6,490,112	\$ 7,476,196	\$ 8,023,781	\$ 8,165,281	\$ 7,810,783	\$ 7,847,085
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 19,041,494	\$ 18,312,177	\$ 18,334,262	\$ 18,460,903	\$ 19,458,492	\$ 18,952,719
9. Total <i>(Line11, Form 2)</i>	\$ 25,531,606	\$ 25,788,373	\$ 26,358,043	\$ 26,626,184	\$ 27,269,275	\$ 26,799,804
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506(a)(1-3)]

STATE: MT

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 2,462,222	\$ 2,425,697	\$ 2,462,222		\$ 2,435,138	
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
3. State Funds <i>(Line3, Form 2)</i>	\$ 2,173,902	\$ 2,187,215	\$ 2,352,266		\$ 2,135,677	
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 3,500,746	\$ 4,023,263	\$ 3,510,000		\$ 3,590,998	
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0		\$ 0	
6. Program Income <i>(Line6, Form 2)</i>	\$ 914,508	\$ 1,094,360	\$ 1,025,000		\$ 1,114,333	
7. Subtotal <i>(Line8, Form 2)</i>	\$ 9,051,378	\$ 9,730,535	\$ 9,349,488	\$ 0	\$ 9,276,146	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 19,104,399	\$ 19,104,399	\$ 20,268,575		\$ 20,406,359	
9. Total <i>(Line11, Form 2)</i>	\$ 28,155,777	\$ 28,834,934	\$ 29,618,063	\$ 0	\$ 29,682,505	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Form3_Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2007
Field Note:
MT received an additional \$352.00 in MCH BG. ahb
2. **Section Number:** Form3_Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2008
Field Note:
This is the amount that the Counties have reported to the State Agency that they have expended on their attachment B report, submitted on 8/15/2008. CK
3. **Section Number:** Form3_Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2008
Field Note:
This is the actual amount that our programs have brought in as revenue. Clinic billing direct pay differ from year to year and we never know truly until the end of the year how much we will be bringing in. CK

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: MT

	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 1,038,306	\$ 1,483,173	\$ 1,367,965	\$ 1,500,301	\$ 1,537,288	\$ 1,327,766
b. Infants < 1 year old	\$ 706,138	\$ 1,090,394	\$ 1,106,576	\$ 1,016,295	\$ 925,273	\$ 1,178,535
c. Children 1 to 22 years old	\$ 2,492,250	\$ 2,658,291	\$ 2,611,937	\$ 2,860,912	\$ 2,625,473	\$ 2,439,391
d. Children with Special Healthcare Needs	\$ 1,348,000	\$ 1,268,233	\$ 1,440,881	\$ 1,341,097	\$ 1,438,666	\$ 1,464,925
e. Others	\$ 615,418	\$ 620,166	\$ 1,066,295	\$ 1,129,379	\$ 890,000	\$ 1,126,823
f. Administration	\$ 290,000	\$ 355,939	\$ 430,127	\$ 317,297	\$ 394,083	\$ 309,645
g. SUBTOTAL	\$ 6,490,112	\$ 7,476,196	\$ 8,023,781	\$ 8,165,281	\$ 7,810,783	\$ 7,847,085
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 1,000,000		\$ 100,000	
c. CISS	\$ 50,000		\$ 0		\$ 140,000	
d. Abstinence Education	\$ 175,988		\$ 9,650		\$ 172,303	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 139,960		\$ 139,815		\$ 115,000	
g. WIC	\$ 14,144,314		\$ 13,500,000		\$ 14,328,139	
h. AIDS	\$ 2,215,641		\$ 1,195,640		\$ 1,195,640	
i. CDC	\$ 279,134		\$ 0		\$ 150,000	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
FASD Prevention	\$ 0		\$ 0		\$ 325,000	
HRSA Oral Health	\$ 0		\$ 0		\$ 65,000	
PH Block Grant	\$ 0		\$ 0		\$ 140,434	
Title X FP	\$ 1,777,197		\$ 1,959,897		\$ 2,269,623	
WIC Farmers Market	\$ 0		\$ 0		\$ 57,353	
Youth Suicide Prev	\$ 0		\$ 0		\$ 400,000	
Early Child	\$ 0		\$ 50,000		\$ 0	
FA Spec Dis	\$ 0		\$ 100,000		\$ 0	
FAS PRV	\$ 0		\$ 7,000		\$ 0	
Oral Health	\$ 0		\$ 70,000		\$ 0	
PHBG	\$ 159,260		\$ 152,260		\$ 0	
UNB	\$ 0		\$ 150,000		\$ 0	
III. SUBTOTAL	\$ 19,041,494		\$ 18,334,262		\$ 19,458,492	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: MT

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 1,591,077	\$ 1,319,768	\$ 1,541,815		\$ 1,292,312	
b. Infants < 1 year old	\$ 984,849	\$ 1,293,548	\$ 1,306,267		\$ 1,220,309	
c. Children 1 to 22 years old	\$ 2,977,695	\$ 2,994,017	\$ 2,635,260		\$ 2,738,309	
d. Children with Special Healthcare Needs	\$ 1,669,674	\$ 1,974,609	\$ 1,772,162		\$ 1,798,893	
e. Others	\$ 1,415,425	\$ 1,742,506	\$ 1,730,137		\$ 1,809,727	
f. Administration	\$ 412,658	\$ 406,087	\$ 363,847		\$ 416,596	
g. SUBTOTAL	\$ 9,051,378	\$ 9,730,535	\$ 9,349,488	\$ 0	\$ 9,276,146	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 94,644		\$ 94,644		\$ 94,644	
c. CISS	\$ 140,000		\$ 140,000		\$ 105,000	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 115,000		\$ 115,000		\$ 130,000	
g. WIC	\$ 13,737,408		\$ 14,744,600		\$ 15,035,980	
h. AIDS	\$ 2,058,980		\$ 2,080,980		\$ 1,367,835	
i. CDC	\$ 150,000		\$ 100,000		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Immunization	\$ 0		\$ 0		\$ 715,645	
PHBG FP	\$ 0		\$ 0		\$ 140,434	
Title X FP	\$ 2,210,580		\$ 2,189,500		\$ 2,406,547	
UNHBS	\$ 0		\$ 0		\$ 299,000	
WIC Farmers Market	\$ 57,353		\$ 57,353		\$ 57,353	
WIC peer counseling	\$ 0		\$ 0		\$ 53,921	
NBHS	\$ 0		\$ 150,000		\$ 0	
PHB FP	\$ 0		\$ 140,434		\$ 0	
WIC Peer Counseling	\$ 0		\$ 56,064		\$ 0	
Youth Suicide Prev	\$ 0		\$ 400,000		\$ 0	
P H Block Grant	\$ 140,434		\$ 0		\$ 0	
Yourth Suicide Prev	\$ 400,000		\$ 0		\$ 0	
III. SUBTOTAL	\$ 19,104,399		\$ 20,268,575		\$ 20,406,359	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

- 1. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2008
Field Note:
This is the amount that the counties have reported to the state for how much they expended on services for pregnant women for FY 2008. These amounts are submitted on the attachment B provided by the locals. CK
- 2. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2007
Field Note:
2007 Budget estimates for revenue and county general fund were higher than what was actually expended. ahb
- 3. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2008
Field Note:
This is the total amount that the Counties reported to the State of what they expended on services for infants. These amounts are provided on attachment B. CK
- 4. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2007
Field Note:
2007 budgeted amount for revenue and county general funds were under-estimated than was actually expended. ahb
- 5. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2008
Field Note:
This is the total amount that the Counties reported to the State of what they expended on services for CSHS. These amounts are provided on attachment B. CK
- 6. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2008
Field Note:
This is the amount that the Counties have reported to the State for service expenses for women of child bearing age and all other categories. These amounts are provided on attachment B. CK
- 7. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2007
Field Note:
For the 2007 budget the county group encounters was inadvertently omitted; therefore, causing an error message. ahb
- 8. Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2007
Field Note:
2007 cost allocation estimate was underestimated resulting in an additional \$35,000 being expended for cost allocation (estimate was \$144,083, actual was \$180,013). Also, the county general fund was overestimated at \$200,000 with the actual being 91,157. ahb

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: MT

TYPE OF SERVICE	FY 2005		FY 2006		FY 2007	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 2,872,368	\$ 3,206,246	\$ 3,372,749	\$ 3,298,682	\$ 2,800,466	\$ 2,881,625
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 1,606,712	\$ 2,181,352	\$ 2,356,502	\$ 2,132,882	\$ 2,165,613	\$ 2,138,691
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 976,932	\$ 920,875	\$ 966,310	\$ 1,394,215	\$ 1,675,850	\$ 1,768,019
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 1,034,100	\$ 1,167,723	\$ 1,328,220	\$ 1,339,502	\$ 1,168,854	\$ 1,058,750
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 6,490,112	\$ 7,476,196	\$ 8,023,781	\$ 8,165,281	\$ 7,810,783	\$ 7,847,085

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: MT

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 3,455,135	\$ 4,037,330	\$ 3,710,888	\$	\$ 3,988,114	\$
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 2,479,255	\$ 2,441,094	\$ 2,523,031	\$	\$ 2,011,403	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 1,911,327	\$ 2,141,899	\$ 2,043,517	\$	\$ 2,034,981	\$
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 1,205,661	\$ 1,110,212	\$ 1,072,052	\$	\$ 1,241,648	\$
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 9,051,378	\$ 9,730,535	\$ 9,349,488	\$ 0	\$ 9,276,146	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2008
Field Note:
This is the actual amount that was reported to the State by the Counties. More money was spent on Direct Services than anticipated. These amounts are provided on attachment B. CK
2. **Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2008
Field Note:
This is the actual amount that was reported to the State from the Counties. More money was expended on Population based services than anticipated. These amounts are provided on attachment B. CK

FORM 6						
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED						
<small>Sect. 506(a)(2)(B)(iii)</small>						
STATE: MT						
Total Births by Occurrence: <u>12,551</u>					Reporting Year: 2008	
Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	12,393	98.7	1	1	1	100
Congenital Hypothyroidism	12,393	98.7	12	9	9	100
Galactosemia	12,393	98.7	1	1	1	100
Sickle Cell Disease	12,393	98.7	1	1	1	100
Other Screening (Specify)						
Congenital Adrenal Hyperplasia	12,393	98.7	3	0	0	
Cystic Fibrosis	12,393	98.7	8	3	3	100
Maple Syrup Urine Disease	12,393	98.7	2	0	0	
Fatty Acid Oxidation Disorders	12,393	98.7	4	1	1	100
Tyrosinemia Type I	12,393	98.7	3	0	0	
Organic aciduria disorders	12,393	98.7	6	1	1	100
Screening Programs for Older Children & Women (Specify Tests by name)						
(1) Use occurrent births as denominator. (2) Report only those from resident births. (3) Use number of confirmed cases as denominator.						

FORM NOTES FOR FORM 6

2008 was the first year of required hospital-based screening and reporting for 28 genetic conditions.

FIELD LEVEL NOTES

1. **Section Number:** Form6_Main
Field Name: Phenylketonuria_Confirmed
Row Name: Phenylketonuria
Column Name: Confirmed Cases
Year: 2010
Field Note:
The number of confirmed cases is equal to the number of presumptive positive screens.
2. **Section Number:** Form6_Main
Field Name: Galactosemia_Confirmed
Row Name: Galactosemia
Column Name: Confirmed Cases
Year: 2010
Field Note:
The number of confirmed cases is equal to the number of presumptive positive screens.
3. **Section Number:** Form6_Main
Field Name: SickleCellDisease_Confirmed
Row Name: SickleCellDisease
Column Name: Confirmed Cases
Year: 2010
Field Note:
The number of confirmed cases is equal to the number of presumptive positive screens.

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: MT

Reporting Year: 2008

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	3,750	32.4	0.6	7.8	4.5	54.7
Infants < 1 year old	17,186	13.2	2.4	8.8	4.3	71.3
Children 1 to 22 years old	52,955	9.9	1.0	10.9	9.4	68.8
Children with Special Healthcare Needs	5,053	37.7	1.4	34.7	1.7	24.6
Others	24,382	0.1	0.0	0.2	0.2	99.5
TOTAL	103,326					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **Section Number:** Form7_Main
Field Name: PregWomen_TS
Row Name: Pregnant Women
Column Name: Title V Total Served
Year: 2010
Field Note:
Primary source of coverage data is provided by local county health departments. Family Planning clinics, which receive some MCH BG funds, do not collect this data.
2. **Section Number:** Form7_Main
Field Name: Children_0_1_TS
Row Name: Infants <1 year of age
Column Name: Title V Total Served
Year: 2010
Field Note:
All Montana newborns receive newborn screening testing, which is provided with MCH BG funds.
3. **Section Number:** Form7_Main
Field Name: Children_0_1_Unknown
Row Name: Infants <1 year of age
Column Name: Unknown %
Year: 2010
Field Note:
The Newborn Screening Program in Montana does not collect data for the primary source of coverage at this time.
4. **Section Number:** Form7_Main
Field Name: Children_1_22_TS
Row Name: Children 1 to 22 years of age
Column Name: Title V Total Served
Year: 2010
Field Note:
Local county health departments and the school based fluoride mouthrinse program funded by the MCH BG provide services to this population
5. **Section Number:** Form7_Main
Field Name: Children_1_22_Unknown
Row Name: Children 1 to 22 years of age
Column Name: Unknown %
Year: 2010
Field Note:
The school based fluoride mouthrinse program does not collect data on the primary source of coverage at this time.
6. **Section Number:** Form7_Main
Field Name: CSHCN_TS
Row Name: Children with Special Health Care Needs
Column Name: Title V Total Served
Year: 2010
Field Note:
This population receives MCH BG services provided by local county health departments and CSHCN specialty clinics.
7. **Section Number:** Form7_Main
Field Name: AllOthers_TS
Row Name: Others
Column Name: Title V Total Served
Year: 2010
Field Note:
Primary sources of coverage is provided by local health departments. Family planning clinics who receive some MCH BG funds do not collect this data.

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: MT

Reporting Year: 2008

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	12,551	10,496	48	1,517	108	23	229	130
Title V Served	3,764	3,120	13	292	12	5	37	285
Eligible for Title XIX	5,015	3,641	60	1,143	28	0	0	143
INFANTS								
Total Infants in State	12,773	10,608	124	1,317	98	14	612	0
Title V Served	12,451	9,070	79	1,346	55	0	279	1,622
Eligible for Title XIX	4,565	3,238	62	1,101	30	0	0	134

II. UNDUPLICATED COUNT BY ETHNICITY

HISPANIC OR LATINO (Sub-categories by country or area of origin)								
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	12,121	430	0	0	0	0	0	430
Title V Served	1,570	79	2,115	0	0	0	0	79
Eligible for Title XIX	4,589	126	300	0	0	0	0	126
INFANTS								
Total Infants in State	12,210	563	0	0	0	0	0	563
Title V Served	5,209	221	7,021	0	0	0	0	221
Eligible for Title XIX	4,432	133	0	0	0	0	0	133

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

1. **Section Number:** Form8_I. Unduplicated Count By Race

Field Name: DeliveriesTotal_All

Row Name: Total Deliveries in State

Column Name: Total All Races

Year: 2010

Field Note:

Differences in the way race was collected on the 2008 birth record format resulted in some changes in the reported distribution of births compared to previous years.
Source: MT Office of Vital Statistics, includes all births that occurred in MT, regardless of residency.

2. **Section Number:** Form8_I. Unduplicated Count By Race

Field Name: InfantsTotal_All

Row Name: Total Infants in State

Column Name: Total All Races

Year: 2010

Field Note:

Reported from census estimates, which may differ from the actual number of infants in the state.

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: MT

	FY 2010	FY 2009	FY 2008	FY 2007	FY 2006
1. State MCH Toll-Free "Hotline" Telephone Number	(887) 543-7669	(887) 543-7669	(877) 543-7669	8,875,437,669	(887) 543-7669
2. State MCH Toll-Free "Hotline" Name	Family Health Line	Family Health Line	Family Health Line	Family Health Line	Family Health Line
3. Name of Contact Person for State MCH "Hotline"	Jackie Forba	Jackie Forba	Jackie Forba	Jackie Forba	Jackie Forba
4. Contact Person's Telephone Number	(406) 444-5288	(406) 444-5288	(406) 444-5288	4,064,445,288	(406) 444-5288
5. Contact Person's Email	jforba@mt.gov				
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	21,517	21,022	19,071

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: MT

	FY 2010	FY 2009	FY 2008	FY 2007	FY 2006
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Contact Person's Email					
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

None

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2010
[SEC. 506(A)(1)]
STATE: MT

1. State MCH Administration:
(max 2500 characters)

The Family and Community Health Bureau, housed within the Public Health and Safety Division, is the administrative entity for Title V services in Montana. The Title V funding is allocated to several FCHB Sections, including the Children's With Special Health Care Needs; Infant, Child, and Maternal Health Section (formerly known as the Child, Adolescent, and Community Health Section); Women's and Men's Health; and the Maternal and Child Health Coordination and also to the local public health departments. For FY 2010, 54 of the 56 local public health departments have accepted their allocated amount.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 2,435,138
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 2,135,677
5. Local MCH Funds (Line 4, Form 2)	\$ 3,590,998
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 1,114,333
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 9,276,146

9. Most significant providers receiving MCH funds:

Local county health departments

Regional specialty clinics

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	3,750
b. Infants < 1 year old	17,186
c. Children 1 to 22 years old	52,955
d. CSHCN	5,053
e. Others	24,382

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:

(max 2500 characters)

Direct medical care includes payment for services for children with special health care needs who are not covered by other means, regional specialty clinics, and limited direct pay of services at a local contract level. Enabling services include public health home visiting services for high risk pregnant women and infants through county and tribal contract agencies.

b. Population-Based Services:

(max 2500 characters)

Population based services include newborn metabolic and hearing screening, oral health services and public education efforts including efforts to decrease the incidence of unintended pregnancies, improving pregnancy outcomes, and breastfeeding.

c. Infrastructure Building Services:

(max 2500 characters)

Contracts for MCH Services with county health departments accounts for approximately 42% of the total state MCHBG award. State level infrastructure has continued to be diversified.

12. The primary Title V Program contact person:

Name	Ann M. Buss
Title	MCH BG Project Director
Address	1218 East 6th Avenue
City	Helena
State	MT
Zip	59620
Phone	406-444-4119
Fax	406-444-2606
Email	abuss@mt.gov

13. The children with special health care needs (CSHCN) contact person:

Name	Denise Brunett
Title	CSHS Supervisor
Address	1218 East 6th Avenue
City	Helena
State	MT
Zip	59620
Phone	406-444-3617
Fax	406-444-2750
Email	dbrunett@mt.gov

Web

Web

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: MT

Form Level Notes for Form 11

None

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	2	2	7	9	17
Denominator	2	2	7	9	17
Data Source					MT newborn screening and follow-up program
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** Form11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2008

Field Note:

2008 was the first year Montana had mandatory hospital-based screening of newborns for 28 genetic conditions. This performance measures includes the results and follow-up for those tests. The increase in the number of conditions is due to the increase in the number and types of tests conducted.

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	54.5	55	55.3	55.6	56.5
Annual Indicator	54.0	54.0	54.0	56.5	56.5
Numerator	188	188	188		
Denominator	348	348	348		
Data Source					CSHCN Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	56.5	56.5	56.5	56.5	56.5
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2008

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006.

- Section Number:** Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM02 indicator for both the 2001 and the 2005-2006 CSHCN survey.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	52.2	60.2	52.6	52.6	50
Annual Indicator	51.7	51.7	51.7	45.9	45.9
Numerator	361	361	361		
Denominator	698	698	698		

Data Source

CSHCN Survey

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	50	50	50	50	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2008

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006.

2. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions and additions to the questions used to generate the NPM03 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #03.

3. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2006

Field Note:

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	50.3	78.5	50.4	50.5	55.2
Annual Indicator	48.8	48.8	48.8	55.2	55.2
Numerator	350	350	350		
Denominator	717	717	717		
Data Source					CSHCN Survey

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	55.2	55.2	55.2	57	58.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2008

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006.

2. **Section Number:** Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. The same questions were used to generate the NPM04 indicator for both the 2001 and the 2005-2006 CSHCN survey.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>72.2</u>	<u>72.4</u>	<u>72.6</u>	<u>72.8</u>	<u>88.6</u>
Annual Indicator	<u>71.6</u>	<u>71.6</u>	<u>71.6</u>	<u>88.6</u>	<u>88.6</u>
Numerator	<u>250</u>	<u>250</u>	<u>250</u>		
Denominator	<u>349</u>	<u>349</u>	<u>349</u>		
Data Source					CSHCN Survey
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>88.6</u>	<u>88.6</u>	<u>88.6</u>	<u>90</u>	<u>90</u>
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2008

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006.

2. **Section Number:** Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2007

Field Note:

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were revisions to the wording, ordering and the number of the questions used to generate the NPM05 indicator for the 2005-2006 CSHCN survey. The data for the two surveys are not comparable for PM #05.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	6.5	6	6	6.5	46.5
Annual Indicator	5.4	5.4	5.4	46.2	46.2
Numerator	8	8	8		
Denominator	147	147	147		

Data Source

CSHCN Survey

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	46.5	46.5	46.5	47.5	47.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #6

Field Name: PM06**Row Name:****Column Name:****Year:** 2008**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006.

2. **Section Number:** Form11_Performance Measure #6

Field Name: PM06**Row Name:****Column Name:****Year:** 2007**Field Note:**

Indicator data comes from the National Survey of CSHCN, conducted by HRSA and CDC, 2005-2006. Compared to the 2001 CSHCN survey, there were wording changes, skip pattern revisions, and additions to the questions used to generate the NPM06 indicator for the 2005-2006 CSHCN survey. There were also issues around the reliability of the 2001 data because of the sample size. The data for the two surveys are not comparable for PM #06 and the 2005-2006 may be considered baseline data.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	90	91	80	80	80
Annual Indicator	90.9	79.6	73.6	75	72.6
Numerator	2,603	12,952	12,231		
Denominator	2,864	16,271	16,618		
Data Source					National Immunization Survey
Do not report the numerator because: 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	80	80	80	80	80
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2008**Field Note:**

The source of data is the National Immunization Survey (NIS), July 2007-June 2008 Table Data (http://www.cdc.gov/vaccines/stats-surv/nis/data/tables_0708.htm). The data for 2008 are not yet final. Please note that the 95% confidence interval for this indicator is +/- 6.7.

2. Section Number: Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2007**Field Note:**

The source of data is the National Immunization Survey (NIS), 2007 data (http://www.cdc.gov/vaccines/stats-surv/nis/data/tables_2007.htm). Please note that the 95% confidence interval for this indicator is +/- 6.2. A numerator and denominator were not readily available for this data, therefore none are included. These data were updated with final 2007 data for the July 15, 2009 submission.

A survey of providers indicates that the average vaccination rate among children who are able to access a provider is 81.2%. This rate includes Varicella as one of the antigens. The series evaluated in the 2007 provider survey was 4DTaP: 3Polio: 1MMR: 3Hib: 3HepB: 1Varicella. Using a census estimate of 11430 two year olds in the state, this survey would indicate that 9,281 children who were seen by providers had completed their immunizations by the end of their second year.

An electronic immunization registry was established in Montana several years ago. Participation in the registry has been gradually increasing since its inception. Until the statewide registry is more complete, Montana will continue to use the NIS as the source of data. According to the NIS survey, 65.3% (+/- 6.9) of two year olds had completed the series of 4DTaP: 3Polio: 1MMR: 3Hib: 3HepB: 1Varicella. Using the same census estimate, this would indicate 7,795 children were up to date by the end of their second year. The NIS survey includes children who may not have a medical home.

3. Section Number: Form11_Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2006**Field Note:**

The source of data is the National Immunization Survey (NIS) (http://www.cdc.gov/vaccines/stats-surv/nis/tables/0506/tab03_antigen_state.xls). Please note that the 95% confidence interval for this indicator is +/- 6.3. The numerator and denominator are estimates based on the NIS report of 73.8% of MT children 19 to 35 months with appropriate vaccination coverage. The denominator is pulled from the estimated population of MT children listed in the NIS 2006 User's Guide.

A survey of providers indicates that vaccination rates among children who are able to access a provider (the data source in previous year) remain high, around 90%. The data source was changed to the NIS this year, and 2004 data were revised to reflect NIS data to be in closer compliance with the MCHBG guidance.

An electronic immunization registry was established in Montana several years ago. Participation in the registry has been gradually increasing since its inception. 2006 registry data reported 7145 children who have completed their immunization schedule by the end of their second year. Using an census estimate of 11692 two year olds in the state, this provides an indicator of 61.1%. However, not all providers participate in the registry and not all IHS sites are reporting. We expect the indicator from this source will increase as reporting improves. In the meantime we will use the NIS as the source of data.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	18	15	9.6	17	16
Annual Indicator	17.3	17.0	17.6	16.8	18.6
Numerator	349	349	359	343	367
Denominator	20,144	20,551	20,424	20,388	19,782
Data Source					Live birth records, MT Office of Vital Statistics
Do not report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	16	15	15	15	15
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2008

Field Note:

The numerator is the number of live births reported to the Montana Office of Vital Statistics for 15-17 year old female Montana residents in 2008. The denominator is the latest mid-year population estimate (May 2009 release) for females ages 15-17 in Montana in 2008.

2. **Section Number:** Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2007

Field Note:

The 2007 data were updated for the July 15, 2009 MCHBG submission with final vital statistics data and the updated (as of May 2009) census estimates. The numerator is births that occurred to MT residents 15-17 years of age in 2007. The denominator is the mid-year census estimate of females 15-17 years old in Montana (May 2009 release).

3. **Section Number:** Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2006

Field Note:

Numerator data includes births to resident teens (regardless of place of occurrence) ages 15-17 from vital records. Denominator data is census estimates for 15-17 year old girls in Montana in 2006. The objective for 2006 was determined based on data reported in previous years that made the indicator appear lower than it actually was. The denominator was updated with new census estimates for the July 15, 2009 submission.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	42	40	40	40	46
Annual Indicator	41.6	33.2	45.9	45.9	45.9
Numerator	4,283	3,413	4,693	4,693	4,805
Denominator	10,295	10,295	10,225	10,225	10,468
Data Source					05 06 Statewide OH Study, OPI 3rd Grade Enrollment
Do not report the numerator because there were fewer than 5 events over the last year, and the number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	46	46	46	46	46
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #9

Field Name: PM09**Row Name:****Column Name:****Year:** 2008**Field Note:**

Numerator data are from a 2005-2006 school year oral health survey of third graders. The numerator was estimated using a weighted percent of 3rd graders who have received sealants. Denominator data are the number of 3rd graders enrolled in public schools for the 2006-2007 school year, from the Montana Office of Public Instruction.

2. **Section Number:** Form11_Performance Measure #9

Field Name: PM09**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator data are from a 2005-2006 school year oral health survey of third graders. The numerator was estimated using a weighted percent of 3rd graders who have received sealants. Denominator data are the number of 3rd graders enrolled in public schools for the 2005-2006 school year, from the Montana Office of Public Instruction.

3. **Section Number:** Form11_Performance Measure #9

Field Name: PM09**Row Name:****Column Name:****Year:** 2006**Field Note:**

Numerator data are from a 2005-2006 school year oral health survey of third graders. The numerator was estimated using a weighted percent of 3rd graders who have received sealants. Denominator data are the number of 3rd graders enrolled in public schools for the 2005-2006 school year, from the Montana Office of Public Instruction.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	4.6	4.5	4.4	4.3	4
Annual Indicator	5.6	6.2	6.2	5.6	6.2
Numerator	10	11	11	10	11
Denominator	178,212	177,051	177,559	177,577	178,508
Data Source					MT Office of Vital Statistics and census estimates
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final
Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	6	6	6	6	5
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2008**Field Note:**

Denominator data are from the updated July 1, 2008 census estimates for the population of 0-14 year olds in Montana (May 2009 release). Numerator data are the number of deaths to Montana residents 14 and under due to motor vehicle crashes, as reported to the Montana Office of Vital Statistics. Due to the small number of events, these data are reported as a 3-year moving average (as of the 2006 data).

2. Section Number: Form11_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2007**Field Note:**

Denominator data are from the updated July 1, 2007 census estimates for the population of 0-14 year olds in Montana (May 2009 release). Numerator data are from final vital statistics data for 2007 (updated for the July 15, 2009 submission) and include deaths to resident 0-14 year olds that occurred in Montana and elsewhere and were reported to the MT Office of Vital Statistics. Due to the small number of events, these data are reported as a 3-year moving average (as of the 2006 data).

3. Section Number: Form11_Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2006**Field Note:**

Denominator data are from the updated July 1, 2006 census estimates for the population of 0-14 year olds in Montana (May 2009 release). Numerator data are from final vital statistics data for 2006 and include deaths to resident 0-14 year olds that occurred in Montana and elsewhere and were reported to the MT Office of Vital Statistics. Due to the small number of events, these data are reported as a 3-year moving average (as of the 2006 data).

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			26	29	54
Annual Indicator		25.9	49.3	52.1	48
Numerator		3,184			
Denominator		12,283			
Data Source					National Immunization Survey
Do not report the numerator because there are fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	54	55	55	56	56
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2008

Field Note:

The data reported for 2008 are National Immunization Survey data for children born in 2005. The data are not yet final. The confidence interval for this rate is +/- 7.6.

2. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2007

Field Note:

The data source for this measure is the National Immunization Survey (NIS). The breastfeeding results are reported by year of the infant's birth. In this case, the data are for infants born in 2004. The confidence interval for this indicator is +/-5.9. In previous years WIC data were used to report on this measure, but the NIS were considered a better source of population-level data. The 2006 indicator was updated with final NIS data for the July 15, 2009 submission. The objective for 2007 was set based on WIC data, not NIS data, and so is not a good match with the indicator.

3. **Section Number:** Form11_Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2006

Field Note:

The data source for this measure is the National Immunization Survey (NIS). The breastfeeding results are reported by year of the infant's birth. In this case, the data are for infants born in 2003. The confidence interval for this indicator is +/-5.8. In previous years WIC data were used to report on this measure, but the NIS were considered a better source of population-level data. The 2006 indicator was updated with NIS data for the July 15, 2008 submission. The objective still reflects the objective based on WIC data.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	98	98	92	92	94
Annual Indicator	92.8	87.9	90.0	93.1	93.0
Numerator	10,563	10,157	11,107	11,403	11,669
Denominator	11,378	11,551	12,339	12,249	12,551
Data Source					MT newborn hearing screening system, Hi-Track
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final
Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	94	94	94	95	95
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2008**Field Note:**

The numerator data source for this measure is Hi-Track. The numerator includes hearing screenings for infants born to Montana residents in Montana. The denominator is from the Montana Office of Vital Statistics and includes births to Montana residents that occurred in Montana in 2008. It does not include births to Montana residents that occurred out of state. 12,178 (97%) of Montana's calendar year 2008 birth cohort were born in hospitals, approximately 2.5% were born with professional attendants, and .5% were born at home without professional attendants. Of those born in hospitals, 96% were screened prior to hospital discharge.

2. Section Number: Form11_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2007**Field Note:**

The numerator data source for this is Hi-Track. The numerator includes hearing screenings for infants born to Montana residents in Montana. The denominator is from vital stats and includes births to Montana residents that occurred in Montana in 2007. It does not include births to Montana residents that occurred out of state.

3. Section Number: Form11_Performance Measure #12**Field Name:** PM12**Row Name:****Column Name:****Year:** 2006**Field Note:**

The numerator data source for this is Hi-Track. The numerator includes hearing screenings for infants born to Montana residents in Montana. The denominator is from vital stats and includes births to Montana residents that occurred in Montana in 2006. It does not include births to Montana residents that occurred out of state. The denominator was updated with final vital statistics data for the September submission of the block grant.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	16	9	16	16	14
Annual Indicator	17.0	17.0	16.2	14	13.2
Numerator	38,755	38,755	37,000		
Denominator	227,972	227,972	228,000		
Data Source					National Survey of Children's Health
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.</p> <p>(Explain data in a year note. See Guidance, Appendix IX.)</p>					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	13	13	13	13	13
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #13

Field Name: PM13**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data source for this is the 2007 National Survey of Children's Health. The 13.2% of children without insurance coverage is similar to in-state estimates of the number of children without health insurance. The confidence interval for this rate is 11.2-15.2.

2. **Section Number:** Form11_Performance Measure #13

Field Name: PM13**Row Name:****Column Name:****Year:** 2007**Field Note:**

The numbers reflect the estimated percent of children under 18 years of age who were not covered by any public or private health insurance at some point during the reporting year. An estimated 14% of children were without health insurance in 2007, which is approximately 34,000 children in Montana. These are the data used by the state's CHIP program.

3. **Section Number:** Form11_Performance Measure #13

Field Name: PM13**Row Name:****Column Name:****Year:** 2006**Field Note:**

The numbers reflect the number of children under 18 years of age who were not covered by any public or private health insurance at some point during the reporting year. Montana Kids Count is the source of these data, which is the same source used by MT CHIP. Discussions about the most appropriate way to estimate uninsured children are underway in MT DPHHS. This data source will be reviewed and may be revised for the 2009 MCHBG application.

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective			25	30	30
Annual Indicator		26.6	32.5	33.6	33.7
Numerator		3,447	3,629	3,706	3,876
Denominator		12,936	11,169	11,029	11,492

Data Source

WIC Program
Enrollment

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	29	28	28	27	26
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes1. **Section Number:** Form11_Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2008**Field Note:**

The reported denominator and numerator includes all children ages 2-5 enrolled in WIC during '08 starting 01/01/08 and ending 12/31/08. The numerator reflects all children with risk codes 16 and 17.

Although there was a fairly large increase in the percent of children ages 2 to 5 years receiving WIC services with BMI at or above 85th percentile from 2005 to 2006, since then there have been smaller but steady percentage increase reported by the WIC Program. The large change from 2005 to 2006 could be related to changes in the way the data are collected.

2. **Section Number:** Form11_Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2007**Field Note:**

The reported denominator and numerator includes all children ages 2-5 enrolled in WIC during '07 starting 01/01/07 and ending 12/31/07. The numerator reflects all children with risk codes 16 and 17.

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			15	15	14
Annual Indicator		15.9	15.9	15.9	15.0
Numerator		1,668	1,668	1,668	1,893
Denominator		10,509	10,509	10,509	12,595
Data Source					Live birth data, MT Office of Vital Statistics
Do not report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	14	14	13	13	13
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2008**Field Note:**

These data are collected and reported by trimester of pregnancy, not month of pregnancy. 2008 is the first year smoking status has been available from the birth record by time period of pregnancy. The numerator and denominator include births to Montana residents that were reported to the Montana Office of Vital Statistics. This number is believed to be an under-report of the actual number of women smoking during the last trimester.

2. Section Number: Form11_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2007**Field Note:**

The numerator and denominator are from the 2002 PRAMS data collected from mothers in a Point-In-Time (PIT) state sample. This is the only source of population-level data available on maternal smoking during the last three months of pregnancy. Vital statistics currently does not collect data on maternal cigarette smoking by gestational age.

A new birth certificate will be implemented in 2008 and will include a question on smoking prior to pregnancy and by trimesters of pregnancy. This is expected to provide a new source of data for this performance measure as of the 2010 MCHBG application.

3. Section Number: Form11_Performance Measure #15**Field Name:** PM15**Row Name:****Column Name:****Year:** 2006**Field Note:**

The numerator and denominator are from the 2002 PRAMS data collected from mothers in a Point In Time (PIT) state sample. This is the only source of population-level data available on maternal smoking during the last three months of pregnancy. Vital statistics currently does not collect data on maternal cigarette smoking by gestational age.

A new birth certificate will be implemented in 2008 and will include a question on smoking prior to pregnancy and by trimesters of pregnancy. This is expected to provide a new source of data for this performance measure as of the 2010 MCHBG application.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	9.5	10	10	10	9
Annual Indicator	17.7	26.4	19.2	16.3	11.9
Numerator	12	18	13	11	8
Denominator	67,913	68,097	67,811	67,574	67,074
Data Source					MT Office of Vital Statistics and census estimates
Do not report the numerator because there are fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	9	9	9	9	9
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2008

Field Note:

The numerator include deaths to Montana residents that were reported to the Montana Office of Vital Statistics. The denominator data is from 2008 census estimates for the population of 15-19 year olds in the state (May 2009 version). As of the 2006 data, the data for this performance measure are reported as a moving average due to the small number of events.

2. **Section Number:** Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2007

Field Note:

Death records from the Montana Office of Vital Statistics are the source of the numerator data. 2007 vital statistics data were finalized for the July 2009 submission and include suicide deaths to MT residents, regardless of place of occurrence. Denominator data are from the 2007 census estimates for the population of 15-19 year olds in the state (May 2009 estimates). As of the 2006 data, the data for this performance measure are reported as a moving average due to the small number of events.

3. **Section Number:** Form11_Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2006

Field Note:

Death records from the Montana Office of Vital Statistics are the source of the numerator data. 2006 vital statistics data were finalized for the September 2007 submission and include suicide deaths to MT residents, regardless of place of occurrence. Denominator data are from the 2006 census estimates for the population of 15-19 year olds in the state (May 2009 estimates). As of the 2006 data, the data for this performance measure are reported as a moving average due to the small number of events.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	90	90	91	91	91
Annual Indicator	78.7	78.2	81.8	86.8	73.0
Numerator	100	97	126	138	108
Denominator	127	124	154	159	148

Data SourceLive birth records,
MT Office of Vital
Statistics

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	91	91	91	91	92
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- 1.
- Section Number:**
- Form11_Performance Measure #17

Field Name: PM17**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data source for this measure is live birth records from the Montana Office of Vital Statistics. In 2008, Montana had three level 3 facilities (facilities for high-risk deliveries). The numerator and denominator include births that occurred in Montana, regardless of the mother's place of residence.

- 2.
- Section Number:**
- Form11_Performance Measure #17

Field Name: PM17**Row Name:****Column Name:****Year:** 2007**Field Note:**

The data source for this performance measure is the MT Office of Vital Statistics. In 2007, Montana had three level 3 facilities (facilities for high-risk deliveries and neonates). The numerator and denominator include infants born in Montana, regardless of the mother's place of residence.

- 3.
- Section Number:**
- Form11_Performance Measure #17

Field Name: PM17**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data source for this performance measure is the MT Office of Vital Statistics. 2006 data were finalized for the September submission of the Block Grant. In 2006, Montana had three level 3 facilities (facilities for high-risk deliveries and neonates). The numerator and denominator include infants born in Montana, regardless of the mother's place of residence. df

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	85.5	86	85.4	85.9	84.5
Annual Indicator	82.6	83.1	82.4	82.1	71.3
Numerator	9,513	9,616	10,302	10,213	8,982
Denominator	11,514	11,573	12,499	12,437	12,595

Data SourceLive birth records,
MT Office of Vital
Statistics

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	73	74	75	75	75
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- 1.
- Section Number:**
- Form11_Performance Measure #18

Field Name: PM18**Row Name:****Column Name:****Year:** 2008**Field Note:**

2008 data for this measure should not be compared to previous years. The data source for this measure is the Montana Office of Vital Statistics and includes births to MT residents reported to the MT Office of Vital Statistics. The decrease in the timing when prenatal care relates to changes in the way the data are collected on the new birth record format implemented in 2008. Also, 6% of records reported "unknown" timing of prenatal care initiation, a large increase from the approximately 2% unknown reported in previous years.

- 2.
- Section Number:**
- Form11_Performance Measure #18

Field Name: PM18**Row Name:****Column Name:****Year:** 2007**Field Note:**

The data source for this performance measure is the Office of Vital Statistics, Montana DPHHS. Data reflect births to Montana residents, and were updated for the July 15, 2009 grant submission.

- 3.
- Section Number:**
- Form11_Performance Measure #18

Field Name: PM18**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data source for this performance measure is the Office of Vital Statistics, Montana DPHHS. Data reflect births to Montana residents, regardless of whether they occurred in the state or elsewhere.

STATE PERFORMANCE MEASURE # 1

Percent of unintended pregnancy among Title X clinic clients.

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	52	63	62	62	61
Annual Indicator	64.6	64.0	64.0	71.5	56.6
Numerator	1,200	1,251	1,281	1,188	950
Denominator	1,858	1,955	2,002	1,661	1,677
Data Source					Women's and Men's Health Program
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2009	2010	2011	2012	2013
Annual Performance Objective	61	60	60	60	60
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #1

Field Name: SM1**Row Name:****Column Name:****Year:** 2008**Field Note:**

The denominator is the total Title X clients receiving a positive pregnancy test. The numerator is the total of these clients with unintended pregnancies.

2. **Section Number:** Form11_State Performance Measure #1

Field Name: SM1**Row Name:****Column Name:****Year:** 2007**Field Note:**

The denominator is total Title X clients receiving a positive pregnancy test. The numerator is the total of these clients with unintended pregnancies.

3. **Section Number:** Form11_State Performance Measure #1

Field Name: SM1**Row Name:****Column Name:****Year:** 2006**Field Note:**

The denominator is total Title X clients receiving a positive pregnancy test. The numerator is the total of these clients with unintended pregnancies. Due to data collection changes this is an estimate.

STATE PERFORMANCE MEASURE # 2

Percent of women who abstain from alcohol use in pregnancy.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	98	98	98.3	98.5	98
Annual Indicator	97.0	97.0	96.8	97.2	97.3
Numerator	11,203	11,122	11,988	11,939	12,109
Denominator	11,554	11,468	12,388	12,287	12,446
Data Source					MT Office of Vital Statistics
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	98	98	98	98	99
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data source for this measure is live birth and fetal death records for events that occurred in Montana to Montana residents, as reported to the Montana Office of Vital Statistics. The numerator includes women who reported no alcohol use during pregnancy. The denominator includes all MT residents with a reported live birth or fetal death in Montana in 2008. Vital records data on alcohol use during pregnancy are based on self-report. Only events that occurred in the state to MT residents are included, as reporting of stillbirths or fetal deaths and smoking data from other states may not be consistent with Montana's pregnancy surveillance.

2. Section Number: Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator and denominator data are from the Montana Office of Vital Statistics. The numerator includes the number of resident women who experienced a live birth in MT in 2007 and reported not drinking alcohol during pregnancy, plus the number of resident women who experienced a fetal death in MT in 2007 and reported not drinking alcohol during pregnancy. Denominator data includes all resident women who experienced a live birth or a fetal death in MT in 2007. Vital records data on alcohol use in pregnancy is based on self-report. Only events that occurred in the state to MT residents are included, as reporting of stillbirths or fetal deaths and smoking data from other states may not be consistent with Montana's pregnancy surveillance.

3. Section Number: Form11_State Performance Measure #2**Field Name:** SM2**Row Name:****Column Name:****Year:** 2006**Field Note:**

Numerator and denominator data are from the Montana Office of Vital Statistics. The numerator includes the number of resident women who experienced a live birth in MT in 2006 and reported not drinking alcohol during pregnancy, plus the number of resident women who experienced a fetal death in MT in 2006 and reported not drinking alcohol during pregnancy. Denominator data includes all resident women who experienced a live birth or a fetal death in MT in 2006. Vital records data on alcohol use in pregnancy is based on self-report. Only events that occurred in the state to MT residents are included, as reporting of stillbirths or fetal deaths and smoking data from other states may not be consistent with Montana's pregnancy surveillance.

STATE PERFORMANCE MEASURE # 4

Percent of state fetal/infant/child deaths reviewed for preventability by local review teams.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	95	95	95	96	92
Annual Indicator	92.8	90.2	88.7	90.2	87.2
Numerator	155	185	165	156	156
Denominator	167	205	186	173	179
Data Source					Mortality reviews and vital statistics
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	88	88	88	88	88
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2008**Field Note:**

As of 2008, the data reported for this measure are one year behind, to allow for more complete reporting and tracking of trends. Fetal, infant, and child mortality review teams may review deaths as long as 6-12 months after the event, and in some cases completion and submission of reviews may be delayed even longer by a delayed death certificate or other circumstances related to the death. 156 FICMR reviews for 2007 had been submitted as of July of 2009. The denominator is the number of fetal, infant, and child deaths that occurred in Montana or to Montana residents in 2007 and were reported to the Montana Office of Vital Statistics. This definition of the denominator was standardized for the 2009 block grant submission; previous years do not necessarily use the same denominator. The objective was adjusted to be more appropriate for the change in data reporting.

2. Section Number: Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2007**Field Note:**

The numerator is 2007 reviews completed as of July 2009. Although a few more reviews may be submitted for 2007, the year is nearly complete. Fetal, Infant, and Child Mortality Review teams may review deaths as long as 6-12 months after the event, and in some cases completion and submission of reviews may be delayed even longer by other circumstances relating to the death. The denominator reflects fetal, infant and child deaths (through age 17 years) that occurred in MT to MT residents, as reported to the MT Office of Vital Statistics.

3. Section Number: Form11_State Performance Measure #4**Field Name:** SM4**Row Name:****Column Name:****Year:** 2006**Field Note:**

The numerator represents the final number of reviews for 2006, and was updated for the July 2009 submission. Fetal, Infant, and Child Mortality Review teams may review deaths as long as 6-12 months after the event, and in some cases completion and submission of reviews may be delayed even longer by other circumstances relating to the death. The denominator reflects fetal, infant and child deaths (through age 17 years) that occurred in MT to MT residents, as reported to the MT Office of Vital Statistics.

STATE PERFORMANCE MEASURE # 5

Percent of Medicaid eligible children who receive dental services as part of their comprehensive services.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	33	23	20.4	19.5	26
Annual Indicator	22.6	23.3	24.5	26.0	25.6
Numerator	14,707	15,374	15,066	16,793	16,378
Denominator	65,079	66,078	61,369	64,620	64,071
Data Source					Medicaid EPSDT Form16
Is the Data Provisional or Final?				Final	Final
<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	27	28	29	30	31
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2008**Field Note:**

The source for this data is EPSDT. It is run on the FFY 2008.

An updated Medicaid data were published on March 3rd, 2009 for previous years. The released data did not reflect any changes in the numerator or denominator for FFY 2006 and FFY 2007.

2. Section Number: Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2007**Field Note:**

The source for this data is EPSDT. It is run on the FFY 2007.

3. Section Number: Form11_State Performance Measure #5**Field Name:** SM5**Row Name:****Column Name:****Year:** 2006**Field Note:**

The source for this data is EPSDT. It is run on the FFY 2006. CZ

STATE PERFORMANCE MEASURE # 6

Percent of pregnant women who abstain from cigarette smoking.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	82	83	81.6	81.6	82
Annual Indicator	80.6	81.0	80.6	81.8	81.2
Numerator	9,308	9,284	9,980	10,048	10,110
Denominator	11,554	11,468	12,388	12,287	12,446
Data Source					MT Office of Vital Statistics
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	82	82	82.5	82.5	83
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data source for this measure is live birth and fetal death records for events that occurred in Montana to Montana residents, as reported to the Montana Office of Vital Statistics. The numerator includes women who reported no cigarette smoking during pregnancy. The denominator includes all MT residents with a reported live birth or fetal death in Montana in 2008. Only events that occurred in the state to MT residents are included, as reporting of stillbirths or fetal deaths and smoking data from other states may not be consistent with Montana's pregnancy surveillance. Vital records data on smoking during pregnancy are based on self-report.

2. Section Number: Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2007**Field Note:**

Numerator and denominator data are from the Montana Office of Vital Statistics. The numerator includes the number of resident women who experienced a live birth in MT in 2007 and reported not smoking during pregnancy, plus the number of resident women who experienced a fetal death in MT in 2007 and reported not smoking during pregnancy. Denominator data includes all resident women who experienced a live birth or a fetal death in MT in 2007. Only events that occurred in the state to MT residents are included, as reporting of stillbirths or fetal deaths and smoking data from other states may not be consistent with Montana's pregnancy surveillance. Vital records data on smoking in pregnancy is based on self-report.

3. Section Number: Form11_State Performance Measure #6**Field Name:** SM6**Row Name:****Column Name:****Year:** 2006**Field Note:**

Numerator and denominator data are from the Montana Office of Vital Statistics. The numerator includes the number of resident women who experienced a live birth in MT in 2006 and reported not smoking during pregnancy, plus the number of resident women who experienced a fetal death in MT in 2006 and reported not smoking during pregnancy. Denominator data includes all resident women who experienced a live birth or a fetal death in MT in 2006. Only events that occurred in the state to MT residents are included, as reporting of stillbirths or fetal deaths and smoking data from other states may not be consistent with Montana's pregnancy surveillance. Vital records data on smoking in pregnancy is based on self-report. This indicator was updated for the July 15, 2008 submission.

STATE PERFORMANCE MEASURE # 7

Rate of firearm deaths among youth aged 5-19.

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	7.2	7	8	8	6
Annual Indicator	6.3	8.5	6.4	5.4	4.3
Numerator	12	16	12	10	8
Denominator	189,830	189,318	188,200	186,887	185,954
Data Source					MT Office of Vital Statistics and census estimates
Is the Data Provisional or Final?					Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	4.2	4.2	4.1	4.1	4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2008**Field Note:**

As of the 2005 data, this indicator is calculated using 3-year moving averages. The numerator is the average number of deaths due to a firearm for Montana resident youth ages 5 through 19 in 2006-2008. The denominator is the estimated average number of youth aged 5 through 19 years in Montana in 2006-2008, based on mid-year census estimates.

2. Section Number: Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2007**Field Note:**

As of the 2005 data, this indicator is calculated using 3-year moving averages. The numerator is the average number of deaths due to a firearm for Montana resident youth ages 5 through 19 in 2005-2007. The denominator is the estimated average number of youth aged 5 through 19 years in Montana in 2005-2007, based on mid-year census estimates. These data were updated for the July 2009 submission.

3. Section Number: Form11_State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2006**Field Note:**

As of the 2005 data, this indicator is calculated using 3-year moving averages. The numerator is the average number of deaths due to a firearm for Montana resident youth ages 5 through 19 in 2004-2006. The denominator is the estimated average number of youth aged 5 through 19 years in Montana in 2004-2006, based on mid-year census estimates. These data were updated for the July 2009 submission.

STATE PERFORMANCE MEASURE # 8

Percent of low birth weight infants among all live births.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective			6	6	6
Annual Indicator	7.7	6.7	7.3	7.2	7.4
Numerator	881	772	911	895	931
Denominator	11,514	11,573	12,499	12,437	12,595
Data Source					MT Office of Vital Statistics
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	<u>7</u>	<u>7</u>	<u>6.9</u>	<u>6.9</u>	<u>6.8</u>
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

Field Level Notes**1. Section Number:** Form11_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2008**Field Note:**

The numerator includes low birth weight (<2500 grams) births to Montana residents that occurred in Montana, as reported to the Montana Office of Vital Statistics. The denominator includes the number of live births to Montana residents that occurred in Montana.

2. Section Number: Form11_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2007**Field Note:**

The numerator includes low birth weight (<2500 grams) births to Montana residents, as reported to the Montana Office of Vital Statistics. The denominator includes the number of live births to Montana residents. The 2007 data were updated for the July 2009 submission.

3. Section Number: Form11_State Performance Measure #8**Field Name:** SM8**Row Name:****Column Name:****Year:** 2006**Field Note:**

The Montana Office of Vital Statistics is the data source for this performance measure. The numerator includes low birth weight (<2500 grams) births to Montana residents (regardless of place of occurrence). The denominator includes the number of live births to Montana residents (regardless of place of occurrence). The data for this indicator were updated with final vital statistics data in 2008.

STATE PERFORMANCE MEASURE # 9

Percent of Montana public middle and secondary schools that include comprehensive sexuality education as part of their health curriculum.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective				63	63
Annual Indicator			62.6	62.6	62.6
Numerator			107	107	107
Denominator			171	171	171
Data Source					Women's and Men's Health Program
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	70	70	70	70	70
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form11_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2008**Field Note:**

The source of these data are the 2002-2003 Sex Education Telephone Questionnaire conducted by Planned Parenthood. The survey has not been repeated and no future surveys are planned at this time.

2. Section Number: Form11_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2007**Field Note:**

The source of these data are the 2002-2003 Sex Education Telephone Questionnaire conducted by Planned Parenthood. The survey included only high schools, therefore middle schools are not included in this first year of data reporting, although the intent is to include them in future surveys. 20 (11.7%) of the 171 high schools did not respond to the survey.

The data used for this indicator suggest that 25% of the schools reporting comprehensive sexuality education as a part of their curriculum actually only teach about contraceptive failure rates. The definition of comprehensive sexuality education used for this performance measure will be reviewed. As a result, schools that only teach about contraceptive failure rates may not be included in the numerator in the future, which would result in a lower indicator. ahb df

3. Section Number: Form11_State Performance Measure #9**Field Name:** SM9**Row Name:****Column Name:****Year:** 2006**Field Note:**

New SPM for the MCH BG 08 Application. The source of these data are the 2002-2003 Sex Education Telephone Questionnaire conducted by Planned Parenthood. The survey included only high schools, therefore middle schools are not included in this first year of data reporting, although the intent is to include them in future surveys. 20 (11.7%) of the 171 high schools did not respond to the survey.

The data used for this indicator suggest that 25% of the schools reporting comprehensive sexuality education as a part of their curriculum actually only teach about contraceptive failure rates. The definition of comprehensive sexuality education used for this performance measure will be reviewed over the coming year. As a result, schools that only teach about contraceptive failure rates may not be included in the numerator in the future, which would result in a lower indicator. ahb df

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]
STATE: MT

Form Level Notes for Form 12

None

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	6	6	5.4	5.2	5
Annual Indicator	4.6	5.8	5.7	6.2	6.2
Numerator	53	66	68	76	78
Denominator	11,514	11,437	11,862	12,170	12,510
Data Source					MT Office of Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	5.4	5.4	5.3	5.3	5.2
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes

1. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2008

Field Note:

The data source for this outcome measure is the Montana Office of Vital Statistics. The numerator includes the number of resident infant deaths reported to the Montana Office of Vital Statistics (OVS). The denominator is the number of live births to Montana residents reported to OVS. Due to the small number of events and the variation in rates when using single years of data, as of the 2005 data this indicator is reported as a 3 year moving average. Although not all deaths that occur to MT residents in other states are reported back to the Montana Office of Vital Statistics, resident deaths are used for this measure instead of resident, occurrent deaths because high risk pregnant women and/or infants may be transported to medical centers outside of Montana prior to or after delivery. If only occurrent deaths were counted, any deaths at medical centers outside of Montana would not be included.

2. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2007

Field Note:

The data source for this outcome measure is the Montana Office of Vital Statistics. The numerator includes the number of resident infant deaths reported to the Montana Office of Vital Statistics (OVS). The denominator is the number of live births to Montana residents reported to OVS. Due to the small number of events and the variation in rates when using single years of data, as of the 2005 data this indicator is reported as a 3 year moving average. Although not all deaths that occur to MT residents in other states are reported back to the Montana Office of Vital Statistics, resident deaths are used for this measure instead of resident, occurrent deaths because high risk pregnant women and/or infants may be transported to medical centers outside of Montana prior to or after delivery. If only occurrent deaths were counted, any deaths at medical centers outside of Montana would not be included.

3. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2006

Field Note:

The data source for this outcome measure is the Montana Office of Vital Statistics. The numerator includes the number of resident infant deaths reported to the Montana Office of Vital Statistics (OVS). The denominator is the number of live births to Montana residents reported to OVS. Due to the small number of events and the variation in rates when using single years of data, as of the 2005 data this indicator is reported as a 3 year moving average. Although not all deaths that occur to MT residents in other states are reported back to the Montana Office of Vital Statistics, resident deaths are used for this measure instead of resident, occurrent deaths because high risk pregnant women and/or infants may be transported to medical centers outside of Montana prior to or after delivery. If only occurrent deaths were counted, any deaths at medical centers outside of Montana would not be included. The 2005 data did not include deaths that occurred to Montana residents out of state and so the 2005 data reflect a slightly lower rate. When resident deaths in other state are included for 2005, the rate is 6.1 instead of 5.8.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	1	1	1	1	1
Annual Indicator	0.0	0.0			
Numerator	0	0			
Denominator	4	5.3			

Data Source

MT Office of Vital
Statistics

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes Yes Yes

Final Final

Annual Objective and Performance Data

	2009	2010	2011	2012	2013
Annual Performance Objective	1	1	1	1	1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- 1.
- Section Number:**
- Form12_Outcome Measure 2

Field Name: OM02**Row Name:****Column Name:****Year:** 2008**Field Note:**

No numerator is provided for this outcome measure because the numbers are so small that a single-year black infant mortality rate and the resulting indicator do not provide a useful representation of the ratio of the black infant mortality rate to the white infant mortality rate. There are fewer than 5 events for the numerator over the past year, and the average number of events over the last three years is fewer than 5, therefore a three-year moving average cannot be applied.

- 2.
- Section Number:**
- Form12_Outcome Measure 2

Field Name: OM02**Row Name:****Column Name:****Year:** 2007**Field Note:**

No numerator is provided for this outcome measure because the numbers are so small that a single-year black infant mortality rate and the resulting indicator do not provide a useful representation of the ratio of the black infant mortality rate to the white infant mortality rate. There are fewer than 5 events for the numerator over the past year, and the average number of events over the last three years is fewer than 5, therefore a three-year moving average cannot be applied.

- 3.
- Section Number:**
- Form12_Outcome Measure 2

Field Name: OM02**Row Name:****Column Name:****Year:** 2006**Field Note:**

No numerator is provided for this outcome measure because the numbers are so small that a single-year black infant mortality rate and the resulting indicator do not provide a useful representation of the ratio of the black infant mortality rate to the white infant mortality rate. There are fewer than 5 events for the numerator over the past year, and the average number of events over the last three years is fewer than 5, therefore a three-year moving average cannot be applied.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	3.5	3	3.1	2.9	2.8
Annual Indicator	2.6	3.5	3.1	3.4	3.3
Numerator	30	40	37	41	41
Denominator	11,514	11,437	11,862	12,170	12,510
Data Source					MT Office of Vital Statistics
Do not report the numerator because there are fewer than 5 events over the last year, and the average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
If you cannot report the numerator because of the reasons in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	3	3	2.9	2.9	2.9
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data source for this outcome measure is the Montana Office of Vital Statistics. The numerator includes the number of resident infant deaths at <28 days reported to the Montana Office of Vital Statistics (OVS). The denominator is the number of live births to Montana residents reported to OVS. Due to the small number of events and the variation in rates when using single years of data, as of the 2005 data this indicator is reported as a 3 year moving average. Although not all deaths that occur to MT residents in other states are reported back to the Montana Office of Vital Statistics, resident deaths are used for this measure instead of resident, occurrent deaths because high risk pregnant women and/or infants may be transported to medical centers outside of Montana prior to or after delivery. If only occurrent deaths were counted, any deaths at medical centers outside of Montana would not be included.

2. Section Number: Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2007**Field Note:**

The data source for this outcome measure is the Montana Office of Vital Statistics. The numerator includes the number of resident infant deaths at <28 days reported to the Montana Office of Vital Statistics (OVS). The denominator is the number of live births to Montana residents reported to OVS. Due to the small number of events and the variation in rates when using single years of data, as of the 2005 data this indicator is reported as a 3 year moving average. Although not all deaths that occur to MT residents in other states are reported back to the Montana Office of Vital Statistics, resident deaths are used for this measure instead of resident, occurrent deaths because high risk pregnant women and/or infants may be transported to medical centers outside of Montana prior to or after delivery. If only occurrent deaths were counted, any deaths at medical centers outside of Montana would not be included. 2007 data were updated for the July 2009 submission.

3. Section Number: Form12_Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data source for this outcome measure is the Montana Office of Vital Statistics. The numerator includes the number of resident infant deaths at <28 days reported to the Montana Office of Vital Statistics (OVS). The denominator is the number of live births to Montana residents reported to OVS. Due to the small number of events and the variation in rates when using single years of data, as of the 2005 data this indicator is reported as a 3 year moving average. Although not all deaths that occur to MT residents in other states are reported back to the Montana Office of Vital Statistics, resident deaths are used for this measure instead of resident, occurrent deaths because high risk pregnant women and/or infants may be transported to medical centers outside of Montana prior to or after delivery. If only occurrent deaths were counted, any deaths at medical centers outside of Montana would not be included. 2006 data were updated for the July 2009 submission.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	2.1	2	2.3	2.3	2.3
Annual Indicator	2.0	2.4	2.6	2.9	3.0
Numerator	23	28	31	35	37
Denominator	11,514	11,437	11,862	12,170	12,510
Data Source					MT Office of Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	2.5	2.5	2.5	2.4	2.4
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form12_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data source for this outcome measure is the Montana Office of Vital Statistics. The numerator includes the number of resident infant deaths at 28 through 364 days of age reported to the Montana Office of Vital Statistics (OVS). The denominator is the number of live births to Montana residents reported to OVS. Due to the small number of events and the variation in rates when using single years of data, as of the 2005 data this indicator is reported as a 3 year moving average. Although not all deaths that occur to MT residents in other states are reported back to the Montana Office of Vital Statistics, resident deaths are used for this measure instead of resident, occurrent deaths because high risk pregnant women and/or infants may be transported to medical centers outside of Montana prior to or after delivery. If only occurrent deaths were counted, any deaths at medical centers outside of Montana would not be included.

2. Section Number: Form12_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2007**Field Note:**

The data source for this outcome measure is the Montana Office of Vital Statistics. The numerator includes the number of resident infant deaths at 28 through 364 days of age reported to the Montana Office of Vital Statistics (OVS). The denominator is the number of live births to Montana residents reported to OVS. Due to the small number of events and the variation in rates when using single years of data, as of the 2005 data this indicator is reported as a 3 year moving average. Although not all deaths that occur to MT residents in other states are reported back to the Montana Office of Vital Statistics, resident deaths are used for this measure instead of resident, occurrent deaths because high risk pregnant women and/or infants may be transported to medical centers outside of Montana prior to or after delivery. If only occurrent deaths were counted, any deaths at medical centers outside of Montana would not be included. 2007 data were updated for the July 2009 submission.

3. Section Number: Form12_Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data source for this outcome measure is the Montana Office of Vital Statistics. The numerator includes the number of resident infant deaths at 28 through 364 days of age reported to the Montana Office of Vital Statistics (OVS). The denominator is the number of live births to Montana residents reported to OVS. Due to the small number of events and the variation in rates when using single years of data, as of the 2005 data this indicator is reported as a 3 year moving average. Although not all deaths that occur to MT residents in other states are reported back to the Montana Office of Vital Statistics, resident deaths are used for this measure instead of resident, occurrent deaths because high risk pregnant women and/or infants may be transported to medical centers outside of Montana prior to or after delivery. If only occurrent deaths were counted, any deaths at medical centers outside of Montana would not be included. 2006 data were updated for the July 2009 submission.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	5.5	5.3	6.9	6.9	4.8
Annual Indicator	5.5	5.5	6.5	6.3	5.8
Numerator	63	63	77	77	73
Denominator	11,514	11,455	11,910	12,217	12,552
Data Source					MT Office of Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	5.5	5.5	5.4	5.4	5.4
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form12_Outcome Measure 5**Field Name:** OM05**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data source for this outcome measure is the Montana Office of Vital Statistics. The numerator includes the number of resident infant deaths at 7 days or less of age plus the number of fetal deaths reported to the Montana Office of Vital Statistics (OVS). The denominator is the number of live births and fetal deaths to Montana residents reported to OVS. Due to the small number of events and the variation in rates when using single years of data, as of the 2005 data this indicator is reported as a 3 year moving average. Although not all deaths that occur to MT residents in other states are reported back to the Montana Office of Vital Statistics, resident deaths are used for this measure instead of resident, occurrent deaths because high risk pregnant women and/or infants may be transported to medical centers outside of Montana prior to or after delivery. If only occurrent deaths were counted, any deaths at medical centers outside of Montana would not be included. Since fetal deaths in particular that occur outside of MT to MT residents may not be collected or reported back to the MT Office of Vital Statistics by other states, this rate is likely an underestimate.

2. Section Number: Form12_Outcome Measure 5**Field Name:** OM05**Row Name:****Column Name:****Year:** 2007**Field Note:**

The data source for this outcome measure is the Montana Office of Vital Statistics. The numerator includes the number of resident infant deaths at <7 days of age plus the number of fetal deaths reported to the Montana Office of Vital Statistics (OVS). The denominator is the number of live births and fetal deaths to Montana residents reported to OVS. Due to the small number of events and the variation in rates when using single years of data, as of the 2005 data this indicator is reported as a 3 year moving average. Although not all deaths that occur to MT residents in other states are reported back to the Montana Office of Vital Statistics, resident deaths are used for this measure instead of resident, occurrent deaths because high risk pregnant women and/or infants may be transported to medical centers outside of Montana prior to or after delivery. If only occurrent deaths were counted, any deaths at medical centers outside of Montana would not be included. Since fetal deaths in particular that occur outside of MT to MT residents may not be collected or reported back to the MT Office of Vital Statistics by other states, this rate is likely an underestimate. 2007 data were updated for the July 2009 submission.

3. Section Number: Form12_Outcome Measure 5**Field Name:** OM05**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data source for this outcome measure is the Montana Office of Vital Statistics. The numerator includes the number of resident infant deaths at <7 days of age plus the number of fetal deaths reported to the Montana Office of Vital Statistics (OVS). The denominator is the number of live births and fetal deaths to Montana residents reported to OVS. Due to the small number of events and the variation in rates when using single years of data, as of the 2005 data this indicator is reported as a 3 year moving average. Although not all deaths that occur to MT residents in other states are reported back to the Montana Office of Vital Statistics, resident deaths are used for this measure instead of resident, occurrent deaths because high risk pregnant women and/or infants may be transported to medical centers outside of Montana prior to or after delivery. If only occurrent deaths were counted, any deaths at medical centers outside of Montana would not be included. Since fetal deaths in particular that occur outside of MT to MT residents may not be collected or reported back to the MT Office of Vital Statistics by other states, this rate is likely an underestimate. 2006 data were updated for the July 2009 submission.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	15	15	8.2	8.2	8
Annual Indicator	25.2	22.5	26.5	24.8	24.7
Numerator	42	38	44	41	41
Denominator	166,653	169,197	165,951	165,609	166,039
Data Source					MT Office of Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2009	2010	2011	2012	2013
Annual Performance Objective	22.5	22.5	22.5	22	22
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

Field Level Notes**1. Section Number:** Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2008

Field Note:

Death records from the Montana Office of Vital Statistics are the source of the numerator data. The numerator includes suicide deaths to MT residents, regardless of place of occurrence. Denominator data are census estimates for the population of 1 through 14 year olds (May 2009 estimates). As of the 2006 data, the data for this performance measure are reported as a moving average due to the small number of events.

2. Section Number: Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2007

Field Note:

Death records from the Montana Office of Vital Statistics are the source of the numerator data. The numerator includes suicide deaths to MT residents, regardless of place of occurrence. Denominator data are census estimates for the population of 1 through 14 year olds (May 2009 estimates). As of the 2006 data, the data for this performance measure are reported as a moving average due to the small number of events. 2007 data were updated for the July 2009 block grant submission.

3. Section Number: Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2006

Field Note:

Death records from the Montana Office of Vital Statistics are the source of the numerator data. The numerator includes suicide deaths to MT residents, regardless of place of occurrence. Denominator data are census estimates for the population of 1 through 14 year olds (May 2009 estimates). As of the 2006 data, the data for this performance measure are reported as a moving average due to the small number of events. 2006 data were updated for the July 2009 block grant submission.

STATE OUTCOME MEASURE # 1

Native American Infant Mortality Rate

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	7	7	6.7	6.5	6.2
Annual Indicator	6.0	7.5	9.2	9.6	9.5
Numerator	9	11	14	15	15
Denominator	1,508	1,466	1,530	1,558	1,571
Data Source					MT Office of Vital Statistics
Is the Data Provisional or Final?				Final	Final
<u>Annual Objective and Performance Data</u>					
	2009	2010	2011	2012	2013
Annual Performance Objective	9.1	9.1	9	9	8.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Form12_State Outcome Measure 1**Field Name:** SO1**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data include deaths to MT resident infants reported to the Office of Vital Statistics. As of the 2006 data, this measure is reported as a 3-year moving average. Due to changes in the way race is collected on the new birth record format (implemented in 2008) the 2008 data may not be consistent with previous years.

2. Section Number: Form12_State Outcome Measure 1**Field Name:** SO1**Row Name:****Column Name:****Year:** 2007**Field Note:**

2007 data are still marked as provisional due to a review of the way birth and death records have been reported by race. As of the 2006 data, this measure is reported as a 3-year rolling average.

3. Section Number: Form12_State Outcome Measure 1**Field Name:** SO1**Row Name:****Column Name:****Year:** 2006**Field Note:**

Because of the small numbers of births and infant deaths in the state, the mortality rate can vary quite a bit from year to year. These data are updated with final 2006 vital statistics data for the September grant submission. As of the 2006 data, this measure is reported as a 3-year moving average.

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: MT

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

2

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

2

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

2

4. Family members are involved in service training of CSHCN staff and providers.

0

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

0

6. Family members of diverse cultures are involved in all of the above activities.

1

Total Score: 7

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: MT FY: 2010

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Environmental health
2. Family support and education
3. Mental health and substance abuse
4. Nutrition and obesity prevention
5. Promotion of preventive and accessible health care
6. Reproductive and sexual health
7. Unintentional injuries
8. Family and Community Health Bureau capacity development
- 9.
- 10.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: MT

APPLICATION YEAR: 2010

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	How to develop new measurable, state performance measures	The 2010 Needs Assessment process will identify emerging MCH health care needs that may be addressed with a new State Performance Measure. Training is requested to ensure that the FCHB has adequately addressed these new health issue (s).	No trainer has been identified at this time.
2.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	How to develop evaluation objectives	New staff, as well as current staff, will benefit from additional evaluation related training resulting in increased staff capacity with the final outcome the FCHB is better equipped to meet the current and emerging MCH health needs.	No trainer has been identified at this time.
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: MT

SP # 1

PERFORMANCE MEASURE:

Percent of unintended pregnancy among Title X clinic clients.

STATUS:

Active

GOAL

Reduce unintended pregnancy among Title X clinic clients.

DEFINITION

A pregnancy that had not been wanted at the time conception occurred, irrespective of whether or not contraception was being used. Among unintended pregnancies, a distinction is made between mistimed and unwanted: Mistimed conceptions are those that were wanted by the woman at some time, but which occurred sooner than they were wanted; and Unwanted conceptions are those that occurred when the woman did not want to have any more pregnancies at all.

Numerator:

Number of Title X clinic clients with a positive pregnancy test whose pregnancy was unintended.

Denominator:

Total number of Title X clinic clients with a positive pregnancy test.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

9-1 Increase the proportion of pregnancies that are intended

DATA SOURCES AND DATA ISSUES

The data is from the family planning clinic visit record (CVR) which is completed on all patient visits. The CVR reports whether the patient "wanted a child, but not at this time" (i.e. a mistimed pregnancy) or "Didn't want any (more) children." (i.e. an unwanted pregnancy). Montana is applying for the PRAMS grant in 2005, if received, we may move to using the PRAMS data set to inform this objective. Significance data from the IOM, "The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families," 1995.

SIGNIFICANCE

Unintended pregnancy (estimated at 60% of all pregnancies) affects all segments of society. The consequences are serious: A mother with an unintended pregnancy is more likely to seek prenatal care after the first trimester or not to obtain care, is more likely to expose the fetus to harmful substances such as tobacco or alcohol, and is at greater risk of physical abuse herself. A child of an unwanted conception is at greater risk of being low birthweight, of dying in its first year of life, of being abused, and of not receiving sufficient resources for healthy development. Both mother and father may suffer economic hardship and fail to achieve their educational and career goals. Unintended pregnancy also leads to approximately 1.5 million abortions in the United States annually, a ratio of about one abortion to every three live births -- a ratio two to four times higher than that in many other Western democracies.

SP # 2

PERFORMANCE MEASURE:

Percent of women who abstain from alcohol use in pregnancy.

STATUS:

Active

GOAL

Increase the percent of women who abstain from alcohol use during pregnancy to ultimately decrease the incidence of in utero alcohol exposure of the infant

DEFINITION

We are measuring the percent of women who abstain from alcohol use during pregnancy as reported on the birth certificate. We realize that alcohol use during pregnancy, as reported on the birth certificate is self reported, and thus is under reported. However, this is the only data source we have to measure this performance measure

Numerator:

Number of pregnant women who abstain from alcohol use during pregnancy as reported on the birth certificate.

Denominator:

Number of Montana births plus fetal deaths.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

17-17 Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women

DATA SOURCES AND DATA ISSUES

Alcohol use during pregnancy is reported on the SAQ, DV survey, birth certificates, MIAMI I & Os, WIC, and BRFSS. The birth certificate is the only data source we have in MT that represents all of the births in MT. The other data sources are either anonymous, or represent a only portion of the pregnancies and births in our state. Future years may include the PRAMS as the data source.

SIGNIFICANCE

Consumption of alcohol during pregnancy has been associated with reduction in birth weight and intellectual impariment, CNS involvement, facial deformity, small head circumfrence, brain malformation and intrauterine growth retardation

SP # 4

PERFORMANCE MEASURE:

Percent of state fetal/infant/child deaths reviewed for preventability by local review teams.

STATUS:

Active

GOAL

Identify why infants and children die in Montana and recommendation of system changes in Montana to prevent further deaths.

DEFINITION

Percent of state fetal/infant/child deaths reviewed by local teams for preventability.

Numerator:

Number of fetal, infant and child deaths reviewed by local teams in MT as evidenced by the number of data forms submitted by local review teams to DPHHS

Denominator:

Number of fetal, infant and child deaths in Montana obtained from the death certificates in vital stats.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

16-1c Reduce incidence of infant deaths

16-2 Reduce the rate of child death

DATA SOURCES AND DATA ISSUES

Submitted abstracts from local reviews of fetal, infant and child deaths, which are entered into a data system at the state level. Fetal, infant and child death certificates from vital stats are also a data source

SIGNIFICANCE

Vital Statistics on fetal, infant and child deaths don't identify the circumstances of death and what can be done to prevent future deaths. The local multi disciplinary review teams meet and discuss circumstances of the death and prevention of future deaths, which provides much more detail and prevention is targeted to that specific community

SP # 5

PERFORMANCE MEASURE:

Percent of Medicaid eligible children who receive dental services as part of their comprehensive services.

STATUS:

Active

GOAL

To improve dental health of Medicaid-eligible children through increased access to dental services.

DEFINITION

Numerator:

Number of children to age 21 who have received dental services as part of their comprehensive services.

Denominator:

Estimated number of children to age 21 who are potentially eligible by state definition, for Medicaid at the end of the fiscal year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

21-12 Increase the proportion of low-income children and adolescents who received dental services

DATA SOURCES AND DATA ISSUES

Sources and issues are similar to performance measure 13, "Percent of potentially Medicaid eligible children who have received a service paid by the Medicaid Program." From July 1, 1995 to June 30, 1996, 15,719 Medicaid child patients out of 43,970 average eligibles received dental care for a 36%. From July 1, 1996 to June 30, 1997, the percentage was also 36%.

SIGNIFICANCE

Medicaid eligible children are not always able to access dental care. Barriers to access limit dental care and impact the health of Medicaid eligible children in a negative manner.

SP # 6

PERFORMANCE MEASURE:

Percent of pregnant women who abstain from cigarette smoking.

STATUS:

Active

GOAL

Decrease the incidence of low birthweight and other adverse outcomes and infant mortality related to tobacco use by pregnant women.

DEFINITION

-

Numerator:

Number of pregnant women who report not smoking.

Denominator:

Number of Montana births and fetal deaths.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

16-17 Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women

DATA SOURCES AND DATA ISSUES

Birth certificates.

SIGNIFICANCE

Maternal smoking during pregnancy is a risk factor for low birthweight, the leading cause of infant mortality. Smoking during pregnancy is also a significant risk factor for SAB and stillbirths. Parental smoking can also have long-term effects on a child's growth, intelligence and behavior. Further, infants exposed to cigarette smoke before and/or after birth are 2 to 3 times more likely to die from SIDS.

SP # 7

PERFORMANCE MEASURE:

Rate of firearm deaths among youth aged 5-19.

STATUS:

Active

GOAL

Reduce by 5% the number of firearm related deaths among youths aged 5-19 years of age.

DEFINITION

Firearm-related death rate (per 100,000) among youth ages 5-19.

Numerator:

Total number of population aged 5-19 who have died of firearm deaths.

Denominator:

Total population of youth in Montana age 5-19.

Units: 100000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

15-3 Reduce firearm related deaths

DATA SOURCES AND DATA ISSUES

1) Montana Census and Economic Center 2) Montana Trauma Registry 3) National Center for Health Statistics, Centers for Disease Control and Prevention; and 4) national Center for Prevention and Control of Injury.

SIGNIFICANCE

1. In children under 15, 35-40% of firearm deaths are unintentional. 2. Among adolescents 15-19 years of age, one in every four deaths is caused by a firearm. For this age group, the risk of dying from a firearm injury has increased by 77% since 1975. 3. In 1990, firearm injuries cost over \$20.4 billion in direct costs for hospital and other medical care, and in direct costs for long-term disabilities and premature deaths. 4. at least 80% of the economic costs of treating firearm injuries are paid for by tax dollars.

SP # 8

PERFORMANCE MEASURE:

Percent of low birth weight infants among all live births.

STATUS:

Active

GOAL

To reduce the proportion of all live deliveries with low birth weight.

DEFINITION

The number of live births with birth weight under 2,500 grams to state residents in the calendar year, among all live births to state residents within the calendar year.

Numerator:

Number of live births with birth weight less than 2,500 grams to MT residents in the calendar year.

Denominator:

Total number of live births to MT residents in the calendar year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 16-10a: Reduce the percent of low birthweight to 5 or less.

DATA SOURCES AND DATA ISSUES

Birth certificates: Office of Vital Statistics, Montana Department of Public Health and Human Services

SIGNIFICANCE

Prematurity is a leading factor in infant death. Many risk factors have been identified for low birth weight involving younger and older maternal age, poverty, late prenatal care, smoking and substance abuse.

SP # 9

PERFORMANCE MEASURE:

Percent of Montana public middle and secondary schools that include comprehensive sexuality education as part of their health curriculum.

STATUS:

Active

GOAL

To increase the proportion of Montana public middle and secondary schools that include comprehensive sexuality education as part of their health curriculum.

DEFINITION

The percent of Montana public middle and secondary schools that include comprehensive sexuality education as part of their health curriculum. Comprehensive sexuality education is defined as formal instruction on all of the following topics: birth control methods, abstinence, safer sex to prevent HIV, and prevention of sexually transmitted diseases.

Numerator:

Number of public middle and secondary schools in Montana that include comprehensive sexuality education as part of their health curriculum.

Denominator:

Number of public middle and secondary schools in Montana.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 9-11

Increase the proportion of young adults who have received formal instruction before turning age 18 years on reproductive health issues, including all of the following topics: birth control methods, safer sex to prevent HIV, prevention of sexually transmitted diseases, and abstinence.

DATA SOURCES AND DATA ISSUES

Sex Education Telephone Questionnaire: Summary of Findings, Planned Parenthood of Montana

SIGNIFICANCE

Delayed sexual debut, consistent and correct condom use, consistent use of birth control methods and healthy decision-making are leading factors in decreasing teen pregnancy and STD rates.

SO # <u>1</u>	
OUTCOME MEASURE:	Native American Infant Mortality Rate
STATUS:	Active
GOAL	The Native American infant mortality rate will be no higher than the White infant mortality rate
DEFINITION	<p>Numerator: Number of Native American infant deaths.</p> <p>Denominator: Number of Native American births.</p> <p>Units: 1000 Text: Rate</p>
HEALTHY PEOPLE 2010 OBJECTIVE	16-1c Reduce incidence of infant deaths
DATA SOURCES AND DATA ISSUES	Vital records collected by state.
SIGNIFICANCE	All countries of the world measure the infant mortality rate as an indicator of general health status. The U.S. has made progress in reducing this rate, but the rate of decline has slowed. In Montana, as in the nation as a whole, there continues to be significant racial disparity.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

1. **Section Number:** Form16_State Performance Measure 1

Field Name: SPM1

Row Name:

Column Name:

Year: 2010

Field Note:

The description of this measure was updated for the July 15, 2009 submission to more accurately reflect the population this measure relates to.

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: MT

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<u>Annual Indicator Data</u>				
	2004	2005	2006	2007	2008
Annual Indicator	14.9	23.1	24.9	20.1	20.1
Numerator	82	131	145	120	120
Denominator	54,869	56,797	58,191	59,581	59,581

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. Section Number: Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2008

Field Note:

2008 data are not yet available.

As of the 2008 submission, hospital discharge records are used to report the numerator for this indicator. 2005 is the first year that reflects this change in data sources. Prior to 2005 the numerator was Medicaid data. Reporting of hospital discharge records is not required in Montana. Not all facilities report discharge data and reporting may not be standardized. However, this source is the only statewide indication of hospitalizations for asthma among children under 5. The denominator is census estimates of children 0 through 4 years of age (May 2009 version).

2. Section Number: Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2007

Field Note:

As of the 2008 submission, hospital discharge records were used to report the numerator for this indicator. 2005 is the first year that reflects this change in data sources. Prior to 2005 the numerator was Medicaid data. Reporting of hospital discharge records is not required in Montana. Not all facilities report discharge data and reporting may not be standardized. However, this source is the only statewide indication of hospitalizations for asthma among children under 5. The denominator is census estimates of children 0 through 4 years of age (May 2009 version).

3. Section Number: Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2006

Field Note:

As of the 2008 submission, hospital discharge records are used to report the numerator for this indicator. 2005 is the first year that reflects this change in data sources. Prior to 2005 the numerator was Medicaid data. Reporting of hospital discharge records is not required in Montana. Not all facilities report discharge data and reporting may not be standardized. However, this source is the only statewide indication of hospitalizations for asthma among children under 5. The denominator is census estimates of children 0 through 4 years of age (May 2009 version).

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>84.3</u>	<u>88.3</u>	<u>91.9</u>	<u>88.0</u>	<u>92.7</u>
Numerator	<u>4,359</u>	<u>4,635</u>	<u>1,160</u>	<u>4,717</u>	<u>5,118</u>
Denominator	<u>5,172</u>	<u>5,249</u>	<u>1,262</u>	<u>5,359</u>	<u>5,520</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

- Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2008

Field Note:

This data for FFY 2008 came from the EPSDT report from the Montana Medicaid Program on 4/22/09.

- Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2007

Field Note:

This data came from the EPSDT report from the Montana Medicaid Program. It is an annual report for FFY 2007. cz

- Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2006

Field Note:

This data came from the EPSDT report from the Montana Medicaid Program. It is an annual report for FFY 2006.

An updated Medicaid data were also published on March 3rd, 2009 for FFY 2006. The released data did reflect a change in the denominator previously reported as 5,106 to the updated denominator of 1262 for FFY 2006 data. This changed the Annual Indicator for FFY 2006 from 22.7 to 91.9.

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	0.0	0.0	0.0	0	0
Numerator	0	0	0		
Denominator	1	1	1		

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

- Section Number:** Form17_Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2008
Field Note:
Data are not available for this indicator.
- Section Number:** Form17_Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2007
Field Note:
Data are not available for this indicator.
- Section Number:** Form17_Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2006
Field Note:
Data are not available for this indicator.

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

		Annual Indicator Data				
	2004	2005	2006	2007	2008	
Annual Indicator	81.1	80.2	78.8	78.7	59.7	
Numerator	9,214	9,251	9,818	9,772	7,498	
Denominator	11,355	11,539	12,462	12,414	12,567	
Check this box if you cannot report the numerator because						
1. There are fewer than 5 events over the last year, and						
2.The average number of events over the last 3 years is fewer						
than 5 and therefore a 3-year moving average cannot be						
applied.						
(Explain data in a year note. See Guidance, Appendix IX.)						
Is the Data Provisional or Final?				Final	Final	

Field Level Notes**1. Section Number:** Form17_Health Systems Capacity Indicator #04**Field Name:** HSC04**Row Name:****Column Name:****Year:** 2008**Field Note:**

Data for this measure for 2008 should not be compared to prior years due to changes in the way the data are collected. The data source for this measure is the Montana Office of Vital Statistics. Both the numerator and the denominator reflect data on live births to Montana women 15-44 years of age, regardless of the place of occurrence. A new birth record format was implemented in 2008, following the 2003 revisions to the US Standard Certificate of Live Birth. The new birth record revised the way data on prenatal care initiation are reported. Also, due to the change the number of records with unknown or missing data increased. In 2008, the percent of births with unknown timing of prenatal care was 6.5%, compared to <1% in previous years. Among births with known prenatal care, 63.8% were less than or equal to 80% on the Kotelchuck Index.

2. Section Number: Form17_Health Systems Capacity Indicator #04**Field Name:** HSC04**Row Name:****Column Name:****Year:** 2007**Field Note:**

The data source for this measure is the Montana Office of Vital Statistics. Both the numerator and the denominator reflect data on live births to Montana women 15-44 years of age, regardless of the place of occurrence. The 2007 data were updated for the July 2009 submission with final vital statistics data.

3. Section Number: Form17_Health Systems Capacity Indicator #04**Field Name:** HSC04**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data source for this measure is the Montana Office of Vital Statistics. Both the numerator and the denominator reflect data on live births to Montana women 15-44 years of age, regardless of the place of occurrence.

HEALTH SYSTEMS CAPACITY MEASURE # 07A

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>88.7</u>	<u>88.7</u>	<u>86.1</u>	<u>97.7</u>	<u>94.4</u>
Numerator	<u>57,700</u>	<u>58,602</u>	<u>51,200</u>	<u>59,989</u>	<u>59,261</u>
Denominator	<u>65,079</u>	<u>66,078</u>	<u>59,448</u>	<u>61,393</u>	<u>62,801</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes**1. Section Number:** Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2008**Field Note:**

The numerator and denominator were obtained from Medicaid Program. The data were pulled on April 15, 2009 from MMIS the Medicaid database using a Query Path. The data include any child that was eligible for Medicaid during any part of the fiscal year and was 18 or under at the start of the fiscal year.

There is a large increase in the annual indicator for 2007 and 2008 compared to previous years. Prior to 2007 the Current Population Survey (CPS) Table Creator II data was used as a source for the denominator. Most recently Medicaid data became available for potentially Medicaid-eligible children who received services paid by the Medicaid Program. The Medicaid data illustrates higher numbers than the CPS table reflects. The variation in the numbers between Medicaid and CPS data illustrate that the numbers given by the US Census estimates underestimate the numbers of children eligible and how many children can be served by Medicaid in Montana.

2. Section Number: Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2007**Field Note:**

The numerator and denominator were obtained from Medicaid Program. The data were pulled on July 10, 2009 from MMIS the Medicaid database using a Query Path. The data include any child that was eligible for Medicaid during any part of the fiscal year and was 18 or under at the start of the fiscal year.

Providers have up to a year from the last date of service to bill Medicaid with 9/30/2008 being the last date Medicaid would pay any claims for FFY2007.

3. Section Number: Form17_Health Systems Capacity Indicator #07A**Field Name:** HSC07A**Row Name:****Column Name:****Year:** 2006**Field Note:**

This data came from the Montana Medicaid Program. It was pulled from MMIS the Medicaid database using a querying system called QueryPath.

HEALTH SYSTEMS CAPACITY MEASURE # 07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>32.9</u>	<u>34.3</u>	<u>33.4</u>	<u>39.7</u>	<u>52.2</u>
Numerator	<u>3,931</u>	<u>4,182</u>	<u>4,099</u>	<u>4,897</u>	<u>6,406</u>
Denominator	<u>11,960</u>	<u>12,182</u>	<u>12,279</u>	<u>12,320</u>	<u>12,269</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer

than 5 and therefore a 3-year moving average cannot be

applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2008

Field Note:

This data came on 4/22/09 from the EPSDT report from the Montana Medicaid Program for the FFY 2008.

2. **Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2007

Field Note:

This data came from the EPSDT report from the Montana Medicaid Program. It is annual report for the FFY 2007.

3. **Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2006

Field Note:

This data came from the EPSDT report from the Montana Medicaid Program. It is annual report for the FFY 2006.

An updated Medicaid data were also published on March 3rd, 2009 for FFY '06 & '07. The released data did reflect a change for FFY 2006 data in the denominator previously reported as 12,182 to the updated denominator of 12,279. The updated numbers changed the Annual Indicator for FFY 2006 from 33.6 to 33.4.

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	1.0	1.1	0.0	0.0	0.0
Numerator	18	22	0	0	0
Denominator	1,892	1,957	1	1	1

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2008

Field Note:

According to Montana State statute, children who receive SSI benefits automatically receive Medicaid benefits. Therefore, there are no children who receive SSI benefits and receive services through the children with special health care needs program whose services are not paid by Medicaid.

2. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2007

Field Note:

In 2007, 1929 children under 16 in Montana were receiving SSI payments. According to Montana state statute, children who receive SSI benefits automatically receive Medicaid. Therefore, there are no children who receive SSI benefits and receive services through the children with special health care needs program whose services are not paid by Medicaid. According to the block grant guidance, the goal of this indicator is "for the state CSHCN program to provide rehabilitative services for blind and disabled children less than 16 years old receiving benefits under Title SVI, to the extent medical assistance for such services is not provided by Medicaid." Due to the fact that Montana has met this goal, we have no data to report for this indicator.

3. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2006

Field Note:

According to Montana state statute, children who receive SSI benefits automatically receive Medicaid. Therefore, there are no children who receive SSI benefits and receive services through the children with special health care needs program whose services are not paid by Medicaid.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: MT

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2008	Payment source from birth certificate	<u>8.6</u>	<u>6.7</u>	<u>7.4</u>
b) <i>Infant deaths per 1,000 live births</i>	2008	Other	<u>1</u>	<u>1</u>	<u>1</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2008	Payment source from birth certificate	<u>65.7</u>	<u>73.7</u>	<u>71.3</u>
d) <i>Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2008	Payment source from birth certificate	<u>55.7</u>	<u>61.4</u>	<u>59.7</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)
STATE: MT

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2008	<u>133</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u>) (Age range <u>6</u> to <u>19</u>) (Age range <u> </u> to <u> </u>)	2008	<u>133</u> <u>100</u> <u> </u>
c) <i>Pregnant Women</i>	2008	<u>150</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
STATE: MT

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2008	<u>175</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>18</u>) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2008	<u>175</u> <u> </u> <u> </u>
c) <i>Pregnant Women</i>		<u> </u>

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

- 1. Section Number:** Form18_Indicator 06 - SCHIP
Field Name: SCHIP_Women
Row Name: Pregnant Women
Column Name:
Year: 2010
Field Note:
Montana's SCHIP (CHIP) does not cover pregnant women unless they are under 18 years of age (covered under CHIP as children).
- 2. Section Number:** Form18_Indicator 05
Field Name: LowBirthWeight
Row Name: Percent of low birth weight (<2,500 grams)
Column Name:
Year: 2010
Field Note:
This measure includes live births to Montana residents reported to the MT Office of Vital Statistics. The 2003 revisions of the U.S. standard certificate of live birth were adopted in MT in 2008. 9.9% of births had unknown source of payment for delivery.
- 3. Section Number:** Form18_Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2010
Field Note:
These data are not yet available. 2008 was the first year when payment source was available on the birth records. Linked birth-death-Medicaid files have suggested the rate of infant death among Medicaid-paid births is significantly higher than among non-Medicaid births. However, due to the inability to verify some of the required information, the linked data files are not used as a source for this measure. Linked birth-death records using the new birth record format are expected to be available in 2010.
- 4. Section Number:** Form18_Indicator 05
Field Name: CareFirstTrimester
Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
Column Name:
Year: 2010
Field Note:
This measure includes live births to Montana residents reported to the MT Office of Vital Statistics. The 2003 revisions of the U.S. standard certificate of live birth were adopted in MT in 2008. As a result, the way timing of prenatal care initiation was calculated changed in 2008 and is not be comparable to previous years. In 2008, 9.9% of births had unknown source of payment for delivery and month prenatal care began was unknown for 6.1% of births (an increase from previous years).
- 5. Section Number:** Form18_Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2010
Field Note:
This measure includes live births to Montana residents 15-44 years of age. The 2003 revisions of the U.S. standard certificate of live birth were adopted in MT in 2008. As a result, the way timing of prenatal care initiation was calculated changed in 2008 and is not be comparable to previous years. In 2008, 9.9% of reported births had unknown source of payment for delivery and 6.5% of births had unknown adequacy of prenatal care (higher than in previous years).

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: MT

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	2	Yes
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	3	Yes
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	2	Yes
Annual birth defects surveillance system	1	Yes
Survey of recent mothers at least every two years (like PRAMS)	1	Yes

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: MT

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other:		

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

1. **Section Number:** Form19_Indicator 09A
Field Name: BAN
Row Name: Annual linkage of birth certificates and newborn screening files
Column Name:
Year: 2010
Field Note:
The linkage between birth certificates and newborn screening files is being updated to accommodate the changes in the birth certificate format for 2008.
2. **Section Number:** Form19_Indicator 09A
Field Name: Discharge
Row Name: Hospital discharge survey for at least 90% of in-State discharges
Column Name:
Year: 2010
Field Note:
Limited hospital discharge data are available. Among the hospitals that participate in the data system, approximately 97% of the discharges were reported.
3. **Section Number:** Form19_Indicator 09A
Field Name: BirthDefects
Row Name: Annual birth defects surveillance system
Column Name:
Year: 2010
Field Note:
Montana's birth defects surveillance system was suspended in 2005 due to a lack of funding.
4. **Section Number:** Form19_Indicator 09A
Field Name: RecentMother
Row Name: Survey of recent mothers at least every two years (like PRAMS)
Column Name:
Year: 2010
Field Note:
Montana conducted one Point-in-Time PRAMS survey in 2002. The dataset from that PRAMS survey is available to the MCH program and is used for analysis.

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: MT

Form Level Notes for Form 11

None

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	2004	2005	2006	2007	2008
Annual Indicator	7.7	6.7	7.3	7.2	7.4
Numerator	881	772	911	895	931
Denominator	11,514	11,573	12,499	12,437	12,595

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer
 than 5 and therefore a 3-year moving average cannot be
 applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

- Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2008

Field Note:

The data source is the Montana Office of Vital Statistics. These data include births that occurred to MT residents, regardless of the place of occurrence.

- Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2007

Field Note:

The data source is the Montana Office of Vital Statistics. These data include births that occurred to MT residents, regardless of the place of occurrence. The data were updated for the July 2009 submission.

- Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2006

Field Note:

The data source is the Montana Office of Vital Statistics. These data include births that occurred to MT residents, regardless of the place of occurrence.

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>5.8</u>	<u>5.4</u>	<u>5.6</u>	<u>5.6</u>	<u>5.8</u>
Numerator	<u>651</u>	<u>609</u>	<u>676</u>	<u>671</u>	<u>706</u>
Denominator	<u>11,135</u>	<u>11,278</u>	<u>12,092</u>	<u>12,034</u>	<u>12,203</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data source is the Montana Office of Vital Statistics. These data include births that occurred to MT residents, regardless of the place of occurrence.

2. Section Number: Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2007**Field Note:**

The data source is the Montana Office of Vital Statistics. These data include births that occurred to MT residents, regardless of the place of occurrence. The data were updated for the July 2009 submission.

3. Section Number: Form20_Health Status Indicator #01B**Field Name:** HSI01B**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data source is the Montana Office of Vital Statistics. These data include births that occurred to MT residents, regardless of the place of occurrence.

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>1.1</u>	<u>1.0</u>	<u>1.2</u>	<u>1.2</u>	<u>1.1</u>
Numerator	<u>127</u>	<u>114</u>	<u>149</u>	<u>144</u>	<u>144</u>
Denominator	<u>11,514</u>	<u>11,573</u>	<u>12,499</u>	<u>12,437</u>	<u>12,595</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data source is the Montana Office of Vital Statistics. These data include births that occurred to MT residents, regardless of the place of occurrence.

2. Section Number: Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2007**Field Note:**

The data source is the Montana Office of Vital Statistics. These data include births that occurred to MT residents, regardless of the place of occurrence. The data were updated for the July 2009 submission.

3. Section Number: Form20_Health Status Indicator #02A**Field Name:** HSI02A**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data source is the Montana Office of Vital Statistics. These data include births that occurred to MT residents, regardless of the place of occurrence.

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>0.9</u>	<u>0.9</u>	<u>0.9</u>	<u>0.9</u>	<u>0.9</u>
Numerator	<u>103</u>	<u>98</u>	<u>106</u>	<u>103</u>	<u>111</u>
Denominator	<u>11,135</u>	<u>11,278</u>	<u>12,092</u>	<u>12,034</u>	<u>12,203</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Field Level Notes**1. Section Number:** Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2008**Field Note:**

The data source is the Montana Office of Vital Statistics. These data include births that occurred to MT residents, regardless of the place of occurrence.

2. Section Number: Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2007**Field Note:**

The data source is the Montana Office of Vital Statistics. These data include births that occurred to MT residents, regardless of the place of occurrence. The data were updated for the July 2009 submission.

3. Section Number: Form20_Health Status Indicator #02B**Field Name:** HSI02B**Row Name:****Column Name:****Year:** 2006**Field Note:**

The data source is the Montana Office of Vital Statistics. These data include births that occurred to MT residents, regardless of the place of occurrence.

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>11.8</u>	<u>10.2</u>	<u>10.7</u>	<u>9.6</u>	<u>11.8</u>
Numerator	<u>21</u>	<u>18</u>	<u>19</u>	<u>17</u>	<u>21</u>
Denominator	<u>178,212</u>	<u>175,610</u>	<u>177,741</u>	<u>177,688</u>	<u>178,508</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2008

Field Note:

The numerator is from the Montana Office of Vital Statistics and includes deaths due to unintentional injury among Montana residents aged 14 years and younger, regardless of the place of occurrence. The denominator is from the census estimates (May 2009 version). As of the 2005 data, this indicator is reported as a 3-year moving average due to the small number of events.

2. **Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2007

Field Note:

2007 data were updated for the July 2009 submission. The numerator is from the Montana Office of Vital Statistics and includes deaths due to unintentional injury among Montana residents aged 14 years and younger, regardless of the place of occurrence. The denominator is from the census estimates (May 2009 version). As of the 2005 data, this indicator is reported as a 3-year moving average due to the small number of events.

3. **Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2006

Field Note:

2006 data were updated for the July 2009 submission. The numerator is from the Montana Office of Vital Statistics and includes deaths due to unintentional injury among Montana residents aged 14 years and younger, regardless of the place of occurrence. The denominator is from the census estimates (May 2009 version). As of the 2005 data, this indicator is reported as a 3-year moving average due to the small number of events.

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>5.6</u>	<u>5.7</u>	<u>5.6</u>	<u>5.6</u>	<u>6.2</u>
Numerator	<u>10</u>	<u>10</u>	<u>10</u>	<u>10</u>	<u>11</u>
Denominator	<u>178,212</u>	<u>175,610</u>	<u>177,741</u>	<u>177,688</u>	<u>178,508</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2008

Field Note:

The numerator is from the Montana Office of Vital Statistics and includes deaths due to motor vehicle incidents among Montana residents aged 14 years and younger, regardless of the place of occurrence. The denominator is from the census estimates (May 2009 version). As of the 2005 data, this indicator is reported as a 3-year moving average due to the small number of events.

2. **Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2007

Field Note:

2007 data were updated for the July 2009 submission. The numerator is from the Montana Office of Vital Statistics and includes deaths due to motor vehicle incidents among Montana residents aged 14 years and younger, regardless of the place of occurrence. The denominator is from the census estimates (May 2009 version). As of the 2005 data, this indicator is reported as a 3-year moving average due to the small number of events.

3. **Section Number:** Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2006

Field Note:

2006 data were updated for the July 2009 submission. The numerator is from the Montana Office of Vital Statistics and includes deaths due to motor vehicle incidents among Montana residents aged 14 years and younger, regardless of the place of occurrence. The denominator is from the census estimates (May 2009 version). As of the 2005 data, this indicator is reported as a 3-year moving average due to the small number of events.

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>46.3</u>	<u>35.0</u>	<u>43.1</u>	<u>43.2</u>	<u>43.4</u>
Numerator	<u>63</u>	<u>48</u>	<u>59</u>	<u>59</u>	<u>59</u>
Denominator	<u>136,135</u>	<u>137,200</u>	<u>136,834</u>	<u>136,424</u>	<u>136,045</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2008

Field Note:

The numerator is from the Montana Office of Vital Statistics and includes deaths due to motor vehicle incidents among Montana residents aged 15-24 years, regardless of the place of occurrence. The denominator is from the census estimates (May 2009 version). As of the 2005 data, this indicator is reported as a 3-year moving average due to the small number of events.

2. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2007

Field Note:

2007 data were updated for the July 2009 submission. The numerator is from the Montana Office of Vital Statistics and includes deaths due to motor vehicle incidents among Montana residents aged 15 through 24 years, regardless of the place of occurrence. The denominator is from the census estimates (May 2009 version). As of the 2006 data, this indicator is reported as a 3-year moving average due to the small number of events.

3. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2006

Field Note:

2006 data were updated for the July 2009 submission. The numerator is from the Montana Office of Vital Statistics and includes deaths due to motor vehicle incidents among Montana residents aged 15 through 24 years, regardless of the place of occurrence. The denominator is from the census estimates (May 2009 version). As of the 2006 data, this indicator is reported as a 3-year moving average due to the small number of events.

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

		Annual Indicator Data			
	2004	2005	2006	2007	2008
Annual Indicator	<u>137.3</u>	<u>160.4</u>	<u>169.7</u>	<u>118.4</u>	<u>159.6</u>
Numerator	<u>230</u>	<u>284</u>	<u>301</u>	<u>211</u>	<u>287</u>
Denominator	<u>167,463</u>	<u>177,051</u>	<u>177,413</u>	<u>178,268</u>	<u>179,844</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2008

Field Note:

2008 data are preliminary. The numerator for this indicator is from the state trauma registry. The trauma registry only includes severe injuries, and not all hospitals report their data to the registry, so the reported rate is believed to be significantly lower than the actual rate of nonfatal injuries. The denominator is the census estimate of children 14 years and younger in 2008 (May 2009 version).

2. **Section Number:** Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2007

Field Note:

The numerator for this indicator is from the state trauma registry. The trauma registry only includes severe injuries, and not all hospitals report their data, so this rate is believed to be significantly lower than the actual rate of nonfatal injuries. One large hospital did not submit data for 2007. The denominator is the census estimate of children 14 years and younger in 2007 (May 2009 version). The 2007 data were updated for the July 2009 submission.

3. **Section Number:** Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2006

Field Note:

The numerator for this indicator is from the state trauma registry. The trauma registry only includes severe injuries, and not all hospitals report their data, so this rate is believed to be significantly lower than the actual rate of nonfatal injuries. The denominator is the census estimate of children 14 years and younger in 2006 (May 2009 version). The 2006 data were updated for the July 2009 submission.

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>482.0</u>	<u>452.4</u>	<u>433.1</u>	<u>398.3</u>	<u>363.6</u>
Numerator	<u>859</u>	<u>801</u>	<u>767</u>	<u>710</u>	<u>654</u>
Denominator	<u>178,212</u>	<u>177,051</u>	<u>177,112</u>	<u>178,268</u>	<u>179,844</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2008

Field Note:

Data Source is from MT Highway Patrol provided on July 8, 2009.

2. **Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2007

Field Note:

Source: MT DOT

RR

Update denominator on July 08, 2009 used data from US Census

3. **Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2006

Field Note:

Numerator data are from MT Department of Transportation. Denominator data are from census estimates for 2006. Hospital discharge data recently became available to the state and may be a source of data, or comparison data, for future reporting on this indicator. DF

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>2,344.7</u>	<u>2,220.1</u>	<u>2,273.7</u>	<u>2,150.2</u>	<u>1,910.2</u>
Numerator	<u>3,192</u>	<u>3,046</u>	<u>3,114</u>	<u>2,912</u>	<u>2,593</u>
Denominator	<u>136,135</u>	<u>137,200</u>	<u>136,959</u>	<u>135,429</u>	<u>135,746</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

- Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2008

Field Note:

Source of data from MT Highway Patrol provided on July 8, 2009.

- Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2007

Field Note:

Source: MT DOT

Updated denominator on July 8, 2009 from US Census.

- Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2006

Field Note:

Numerator data are from the MT Department of Transportation. Denominator data are from census estimates. Hospital discharge data recently became available to the state and may be a source of data, or comparison data, for future reporting on this indicator. DF

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>24.2</u>	<u>20.1</u>	<u>22.1</u>	<u>24.4</u>	<u>28.7</u>
Numerator	<u>823</u>	<u>660</u>	<u>720</u>	<u>794</u>	<u>926</u>
Denominator	<u>33,992</u>	<u>32,773</u>	<u>32,551</u>	<u>32,488</u>	<u>32,209</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2008

Field Note:

The source for the numerator is the STD Surveillance Database, STD MIS, from calendar year 2008. The denominator is from census estimates of Montana resident females 15-19 years of age in 2008 (May 2009 version). The increase in the rate for 2008 is believed to be due to improved case reporting and an increase in the number of sites that reported test results, not because of an increase in cases.

2. **Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2007

Field Note:

The source for the numerator is the STD Surveillance Database, STD MIS, from calendar year 2007. The denominator is from census estimates of Montana resident females 15-19 years of age in 2007 (May 2009 version). The data were updated for the July 2009 submission.

3. **Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2006

Field Note:

The source for the numerator is the STD Surveillance Database, STD MIS, from calendar year 2006. The denominator is from census estimates of Montana resident females 15-19 years of age in 2006 (May 2009 version). The data were updated for the July 2009 submission.

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	Annual Indicator Data				
	2004	2005	2006	2007	2008
Annual Indicator	<u>7.0</u>	<u>7.2</u>	<u>7.7</u>	<u>7.8</u>	<u>8.4</u>
Numerator	<u>1,046</u>	<u>1,062</u>	<u>1,140</u>	<u>1,158</u>	<u>1,249</u>
Denominator	<u>149,597</u>	<u>148,088</u>	<u>147,904</u>	<u>148,335</u>	<u>148,909</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2008

Field Note:

The source for the numerator is the STD Surveillance Database, STD MIS, from calendar year 2008. The denominator is from census estimates of Montana resident females 20-44 years of age in 2008 (May 2009 version). The increase in the rate for 2008 is believed to be due to improved case reporting and an increase in the number of sites that reported test results, not because of an increase in cases.

2. **Section Number:** Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2007

Field Note:

The source for the numerator is the STD Surveillance Database, STD MIS, from calendar year 2007. The denominator is from census estimates of Montana resident females 20-44 years of age in 2007 (May 2009 version). The data were updated for the July 2009 submission.

3. **Section Number:** Form20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2006

Field Note:

The source for the numerator is the STD Surveillance Database, STD MIS, from calendar year 2006. The denominator is from census estimates of Montana resident females 20-44 years of age in 2006 (May 2009 version). The data were updated for the July 2009 submission.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MT

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	12,773	10,608	124	1,317	98	14	612	0
Children 1 through 4	48,341	39,909	741	5,383	371	51	1,886	0
Children 5 through 9	58,294	48,679	1,033	5,937	449	59	2,137	0
Children 10 through 14	60,436	51,831	831	5,388	477	64	1,845	0
Children 15 through 19	66,597	57,520	642	6,237	419	51	1,728	0
Children 20 through 24	69,149	60,728	582	5,932	561	38	1,308	0
Children 0 through 24	315,590	269,275	3,953	30,194	2,375	277	9,516	0

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	12,210	609	0
Children 1 through 4	45,611	2,730	0
Children 5 through 9	54,911	3,364	0
Children 10 through 14	57,596	2,814	0
Children 15 through 19	64,031	2,550	0
Children 20 through 24	66,929	2,199	0
Children 0 through 24	301,288	14,266	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MT

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	9	5	0	3	0	0	1	0
Women 15 through 17	363	241	1	105	0	1	10	5
Women 18 through 19	943	661	6	219	9	4	36	8
Women 20 through 34	9,899	8,380	34	1,113	76	16	173	107
Women 35 or older	1,337	1,209	7	77	23	2	9	10
Women of all ages	12,551	10,496	48	1,517	108	23	229	130

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	8	1	0
Women 15 through 17	346	17	0
Women 18 through 19	894	49	0
Women 20 through 34	9,572	327	0
Women 35 or older	1,301	36	0
Women of all ages	12,121	430	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MT

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Final

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	87	72	0	13	0	0	2	0
Children 1 through 4	12	8	0	2	0	0	2	0
Children 5 through 9	11	9	0	2	0	0	0	0
Children 10 through 14	16	14	0	2	0	0	0	0
Children 15 through 19	46	37	1	6	1	0	0	1
Children 20 through 24	82	61	0	15	0	0	3	3
Children 0 through 24	254	201	1	40	1	0	7	4

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	84	3	0
Children 1 through 4	11	1	0
Children 5 through 9	11	0	0
Children 10 through 14	16	0	0
Children 15 through 19	45	1	0
Children 20 through 24	80	2	0
Children 0 through 24	247	7	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MT

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	242,716	211,072	498	18,301	1,909	743	10,193	0	2008
Percent in household headed by single parent	24.0	22.6	0.0	39.1	0.0	0.0	0.0	0.0	2008
Percent in TANF (Grant) families	2.3	1.1	21.7	17.7	0.5	1.3	0.0	0.0	2008
Number enrolled in Medicaid	64,489	43,450	844	17,227	312	0	0	2,656	2008
Number enrolled in SCHIP	22,756	17,864	158	2,009	158	0	0	2,567	2008
Number living in foster home care	2,566	1,512	73	915	2	2	0	62	2008
Number enrolled in food stamp program	21,558	16,523	163	4,782	60	30	0	0	2008
Number enrolled in WIC	28,466	19,081	134	4,942	41	47	4,150	71	2008
Rate (per 100,000) of juvenile crime arrests	5,435.6	5,238.7	6,927.3	7,810.0	3,324.5	0.0	0.0	296.0	2008
Percentage of high school drop-outs (grade 9 through 12)	5.2	4.4	6.1	11.5	3.3	6.1	0.0	6.5	2008

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	234,359	12,067	0	2008
Percent in household headed by single parent	0.0	0.0	100.0	2008
Percent in TANF (Grant) families	2.3	2.1	0.0	2008
Number enrolled in Medicaid	61,833	2,652	4	2008
Number enrolled in SCHIP	20,189	552	2,015	2008
Number living in foster home care	2,303	157	106	2008
Number enrolled in food stamp program	20,971	587	0	2008
Number enrolled in WIC	26,555	1,840	71	2008
Rate (per 100,000) of juvenile crime arrests	5,007.7	3,364.5	0.0	2008
Percentage of high school drop-outs (grade 9 through 12)	5.1	6.5	0.0	2008

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MT

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	88,424
Living in urban areas	136,270
Living in rural areas	110,171
Living in frontier areas	0
Total - all children 0 through 19	246,441

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MT

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	939,097.0
Percent Below: 50% of poverty	5.0
100% of poverty	13.0
200% of poverty	33.0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MT

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2008 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	242,716.0
Percent Below: 50% of poverty	6.0
100% of poverty	17.0
200% of poverty	42.0

FORM NOTES FOR FORM 21

None

FIELD LEVEL NOTES

1. **Section Number:** Form21_Indicator 06A
Field Name: S06_Race_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2010
Field Note:
Source is 2007 Census estimates for MT, from downloaded "State by Age, Sex, Race, and Hispanic origin" file (5 race groups) <http://www.census.gov/popest/datasets.html>
2. **Section Number:** Form21_Indicator 06B
Field Name: S06_Ethnicity_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2010
Field Note:
Source is 2007 Census estimates for MT, from downloaded "State by Age, Sex, Race, and Hispanic origin" file (5 race groups) <http://www.census.gov/popest/datasets.html>
3. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2010
Field Note:
Source is the Current Population Survey Table Creator. CPS sample sizes in Montana are too small to accurately represent the number of children under 18 in single parent families by race. For example, there were only two African Americans interviewed in 2007. No inferences should be made based on these indicators. Because of the sample size issues, only percentages for whites and Native Americans (Montana's two primary race categories) are reported.
4. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2010
Field Note:
The numerator is the number of TANF participants averaged over 12 months during FFY 08. The denominator is 2008 census estimates using race categories.
5. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2010
Field Note:
Data Source: Medicaid data pulled on June 13, 2009. Medicaid combines Asian and Pacific Islander into one race category.
The number from Medicaid for "Asian or Pacific Islander" was entered in the BG application under "Asian" and zero (0) was entered under "Native Hawaiian or other Pacific Islander"
Ethnicity is collected as a part of race, so data for people reported as Hispanic ethnicity with no race were entered under "Other and unknown."
Data are provisional.
6. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2010
Field Note:
Data Source: SCHIP data pulled on June 13, 2009. SCHIP combines Asian and Pacific Islander into one race category. The number from SCHIP for "Asian or Pacific Islander" was entered under "Asian" and zero (0) was entered under "Native Hawaiian or other Pacific Islander"
Ethnicity is collected as a part of race, so data for people reported as Hispanic ethnicity with no race were entered under "Other and unknown."
Data are provisional.
7. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2010
Field Note:
Data source is the SNAP program. Data are final.
8. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_WICNo
Row Name: Number enrolled in WIC
Column Name:
Year: 2010
Field Note:
Data Source: WIC Program data pulled on April 7, 2009.
9. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2010
Field Note:
Data Source: MT Board of Crime Controlled pulled on May 7, 2009.
10. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2010
Field Note:
Data Source: OPI Enrollment and Drop Out Report Published on May 2009 for School Year 2007-2008.
11. **Section Number:** Form21_Indicator 09B

- Field Name:** HSIEthnicity_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2010
Field Note:
Source is the Current Population Survey Table Creator. CPS sample sizes in Montana are too small to accurately represent the number of children under 18 in single parent families by race and ethnicity. For example, there were only two African Americans interviewed in 2007. No inferences should be made based on these indicators. Because of the sample size issues, percentages are not reported by ethnicity.
12. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2010
Field Note:
The numerator is the number of TANF participants averaged over 12 months during FFY 08. The denominator is 2008 census estimates using ethnicity categories
13. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2010
Field Note:
Data Source: Medicaid data pulled on June 13, 2009.
14. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2010
Field Note:
Data Source: SCHIP data pulled on June 13, 2009.
15. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2010
Field Note:
Data provided by the Montana SNAP program.
16. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_WICNo
Row Name: Number enrolled in WIC
Column Name:
Year: 2010
Field Note:
Data Source: WIC Program data pulled on April 7, 2009.
17. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2010
Field Note:
Data Source: MT Board of Crime Controlled pulled on May 7, 2009.
18. **Section Number:** Form21_Indicator 09B
Field Name: HSIEthnicity_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2010
Field Note:
Data Source: OPI Enrollment and Drop Out Report Published on May 2009 for School Year 2007-2008.
19. **Section Number:** Form21_Indicator 10
Field Name: Frontier
Row Name: Living in frontier areas
Column Name:
Year: 2010
Field Note:
Estimates of children living in frontier areas are not included in the chart because frontier is not a category used by the census and is measured differently than rural/urban. To avoid duplication, it was not included. However, 49 counties in Montana are considered "Frontier" using the definition of the National Center for Frontier Communities. The total population of youth 0-19 in those counties is 126,922 (52% of all 0-19 year olds in the state). Likewise there are 119,519 youth age 0-19 (or 48% of the total) living in non-frontier counties in the state.
20. **Section Number:** Form21_Indicator 11
Field Name: S11_total
Row Name: Total Population
Column Name:
Year: 2010
Field Note:
Source: U.S. Census Bureau, Current Population Survey Table Creator (http://www.census.gov/hhes/www/cpstc/cps_table_creator.html)
21. **Section Number:** Form21_Indicator 12
Field Name: S12_Children
Row Name: Children 0 through 19 years old
Column Name:
Year: 2010
Field Note:
Source: U.S. Census Bureau, Current Population Survey Table Creator (http://www.census.gov/hhes/www/cpstc/cps_table_creator.html)
22. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_FosterCare
Row Name: Number living in foster home care
Column Name:

Year: 2010
Field Note:
Data source is the Child and Family Services Division of MT DPHHS.

23. Section Number: Form21_Indicator 09B
Field Name: HSIEthnicity_FosterCare
Row Name: Number living in foster home care
Column Name:

Year: 2010
Field Note:
Data provided by the Child and Family Services Division of MT DPHHS.